

Gift, Giving and Generosity, and the Unwrapping of AIDS Metaphors
in Rebecca Brown's *The Gifts of the Body*

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MA Thesis

English Philology

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June 2019

Tiedekunta/Osasto – Fakultet/Sektion – Faculty Humanistinen tiedekunta		Laitos – Institution – Department Kielten osasto	
Tekijä – Författare – Author Lasse Parkko			
Työn nimi – Arbetets titel – Title Gift, Giving and Generosity, and the Unwrapping of AIDS Metaphors in Rebecca Brown's <i>The Gifts of the Body</i>			
Oppiaine – Läroämne – Subject Englantilainen filologia			
Työn laji – Arbetets art – Level Pro Gradu	Aika – Datum – Month and year Heinäkuu 2019	Sivumäärä– Sidoantal – Number of pages 55	
<p>Tiivistelmä – Referat – Abstract</p> <p>Pro Gradu -tutkielmani käsittelee Rebecca Brownin <i>The Gifts of the Body</i> (1994) -romaanissa esiintyvää AIDS-epidemiaan liittyvää metaforisuutta. Tarkastelen tätä metaforisuutta suhteessa aiempiin AIDS-kirjoittamisen kritiikkeihin ja tutkin tapoja, joilla Brown tuottaa poikkeavia tapoja kirjoittaa sairaudesta ja käsitteellistää sitä. Tutkielmassani olen kiinnostunut tavoista, joilla Brownin kuvaamat kohtauksen AIDS-potilaiden ja heidän kodinhoitoapulaisensa – romaanin nimeämättömän päähenkilön – välillä purkavat AIDSiin ja sitä sairastaviin liittyvää stigmatisoivaa retoriikkaa. Teoreettinen lähestymistapani saa pohjaa feministisiltä (uus)materialistisilta teoreetikoilta, jotka mm. käsitteellistävät metaforaa ilmiönä, jota ei voi palauttaa pelkästään tekstuaaliseksi elementiksi, vaan jolla on aina myös materiaalisia ja ruumiillisia vaikutuksia ja ilmentymiä.</p> <p>Aloitan AIDSiin liittyvän metaforisuuden erittelyn tarkastelemalla Susan Sontagin <i>AIDS and Its Metaphors</i> (1987) -esseetä ja siinä esitetyjä argumentteja 1980-luvun keskusteluissa ja kirjallisuudessa käytettyä sairausmetaforia vastaan. Sontagin esseessä keskeiseksi kritiikin kohteeksi muodostuu AIDSin verrannollistaminen sotaan metaforan keinoin. Sontag osoittaa, miten sodan retoriikka sairauden yhteydessä kohdistaa siihen kuuluvat pelon ja vihan tunteet konkreettisin tavoin myös sairastaviin ihmisiin. Vastametaforiksi ehdotan lahjojen vaihtamiseen ja anteliaisuuteen liittyvää kielikuvastoa, mille löydän pohjaa Brownin romaanista, Rosalyn Diprosen <i>Corporeal Generosity</i> (2002) -teoksesta sekä lahjan käsitettä tarkastelleiden teoreetikkojen teksteistä. <i>Corporeal Generosity</i> teoksen käsittelyssä tarkastelen, miten Diprose avaa ruumiillisen anteliaisuuden (<i>corporeal generosity</i>) käsitettä ihmisten välisen kanssakäymisen pohjimmaisena toimintamallina, joka perustuu toisten eroavuuksien ruumiilliseen ja esirefleksiiiviseen tunnistamiseen ja omaksumiseen, ja joka on identiteetin muovautumisen ja yhteisöjen muotoutumisen perusta. Lahjan käsitettä avaan monitulkinnallisena ja -selitteisenä ja tuon esille eri kirjoittajien ajatuksia käsitteen sisäisestä ristiriitaisuudesta ja lahjan antamisen seurausten ennakoimattomuudesta. Tämän keskustelun kautta lahjasta muodostuu sen arkikielisestä määritelmästä poikkeava käsite, joka ei aina ole sen saajalle mieluisa tai haluttava asia ja jonka seuraukset ovat arvaamattomia. Tämän käsitteellistämisen kautta lahjasta tulee merkityksellinen metafora sairaudelle. Tarkastelen tapoja, joilla lahjan ja anteliaisuuden metaforien sijoittaminen sairauden kontekstiin purkaa ja uudistaa Sontagin esseessään kritisoimaa sodan, pelon ja vihan retoriikkaa.</p> <p>Tämä tarkastelu tapahtuu konkreettisimmin Brownin romaanin analyysissä, jonka aloitan tarkastelemalla tapoja, joilla romaanin päähenkilö ja tämän ensimmäisen persoonan kerronta ilmentävät Diprosen anteliaisuuden käsitteen periaatteita. Näiksi periaatteiksi luen avoimuuden toista kohtaan, esirefleksiiivisyyden ja ruumiilliseen kanssakäymiseen keskittymisen. Lisäksi keskityn tarkemmin tapoihin, joilla lahjan ja anteliaisuuden metaforat esiintyvät Brownin kuvaamissa kanssakäymisissä romaanin päähenkilön ja tämän asiakkaiden välillä. Keskityn näihin kanssakäymisiin nimenomaan intiimeinä, ruumiillisina ja materiaalisina kohtaamisina päähenkilön, tämän sairastavien asiakkaiden ja sairauden välillä, ja tutkin, miten kohtaamiset vaikuttavat päähenkilön identiteetin rakentumiseen, seuraten Diprosen argumenttia anteliaisuuden roolista tässä prosessissa. Tarkastelen myös, miten Diprosen ajatukset anteliaisuuden vaikutuksesta yhteisöjen muodostumisessa ilmenevät romaanissa, eli miten kohtaamiset päähenkilön ja tämän asiakkaiden välillä tuottavat yhteisöjä, jotka perustuvat niiden jäsenten välisiin eroihin ja näiden erojen hyväksymiseen ja omaksumiseen, eivätkä muihin vastaaviin prosesseihin, kuten yhteisön pohjautumiseen jaettuun taustaan tai muihin samankaltaisuuksiin. Analyysini lopuksi tarkastelen Diprosen argumentteja siitä, miten lääketieteen perinne arvottaa ja normalisoi kehoja mm. sairauksien tai seksuaalisuuden perusteella tavoilla, jotka ovat anteliaisuuden periaatteiden vastaisia. Brownin romaanissa vastaavankaltaiset ajatukset tulevat esiin päähenkilön kautta, joka työskentelee sairauden parissa, mutta ei ole lääketieteen ammattilainen eikä tämän suhteesta lääketieteellisiin teknologioihin. Näin Brownin teksti osallistuu myös keskusteluun lääketieteen moniselitteisestä roolista AIDSin kontekstissa.</p>			
Avainsanat – Nyckelord – Keyword Rebecca Brown, <i>The Gifts of The Body</i> , Rosalyn Diprose, <i>Corporeal Generosity</i> , HIV/AIDS, metafora, lahja, anteliaisuus			
Säilytyspaikka – Förvaringställe – Where deposited Keskustakampuksen kirjasto			
Muita tietoja – Övriga uppgifter – Additional information			

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1. Writing In(ferred) Blood – Introduction, Ethics, Methods

This thesis examines the uses of gifts, giving, and other related concepts of generosity through their metaphorical connections to the AIDS epidemic, as presented in Rebecca Brown's 1994 novel *The Gifts of the Body*.

Brown's novel, comprised of 11 interconnected stories, or chapters, or 'Gifts,' details the work of an unnamed first person narrator who works at an organisation called Urban Community Services (UCS) as a home care aide for AIDS patients: making house visits to take care of chores and other tasks they are no longer able to carry out themselves like cooking, cleaning, bathing, helping with medicine or medical devices. While the novel follows the lives and, almost invariably, deaths of his clients and friends – Rick, Connie, Ed, Marty, Carlos, Keith, Margaret – in varying detail, its narrator is viewed from afar. Her narration is sparse, minimal and delivered with a tight-lipped style that lacks introspection. In contrast, the narrator gives her undivided focus to the people with AIDS featured in each chapter, fading herself out. But as the novel progresses, this façade begins to crack and it becomes increasingly clear that it is her and her increasing inability to cope with losing the bonds she builds throughout the novel with her clients which lies at the heart of the novel. The unassuming style of *Gifts* allows for affect and meaning to be found in the mundane and the simple and centres HIV/AIDS care into the realm of the personal. However, since the personal is political, the ways in which Brown's novel constitutes certain kinds of care as transformative and ethical and criticises others for their failure to treat the AIDS patient as a subjectivity that is not devoid of anything communicate a need to redefine the ways people with AIDS are perceived and treated far beyond this personal realm of the everyday, as will be argued throughout this thesis,

In this introduction, I will present some of the key concepts used in my analysis of *Gifts* and describe the overall structure my argumentation will follow. First, however, I find it important to describe my thinking on research ethics and the methodology used in this thesis, which I believe must begin with a description my relationship to the subject matter.

The AIDS epidemic is a part of my personal history and at the same time it is not. It is my history, because it is the history of gay men. It is not my history, since, even though the epidemic has not ended, its pervasiveness has weakened in the part of the world I live in to a degree where I do not have to think about it every day (rather, for the past year or so, I have chosen to). It is also not my history because it is a missing history. Because of the epidemic and its poor handling throughout the western world, the voices of the generation of gay men,

artists, activists and other influencers have, if not disappeared, muffled. These sentiments, in the current context, may seem banal, but I believe it to be important to recognise them rather as questions of research ethics. It is not an uncomplicated or a particularly easy thing to write about myself in an academic text, especially when this entails the disclosure of details which I might think about twice even in a more relaxed setting. Of course, one could argue that I need not or even should not do so here for the sake of academic objectivity, but again, I must stress its importance as a question of research ethics. It is not an attempt at giving the arguments presented in the following pages any further credibility (which it does not do), or to try to justify why is it precisely me and not someone else that should be making these arguments (which is not the case). I write about myself what I believe to be relevant here, as I believe it to be a question of proper conduct as an academic given the subject matter at hand.

It is a meditation on how knowledge is situated within the body, as Donna Haraway would have it, on how my embodied situation and experiences influence the way I consume, process and produce knowledge, and how the production of knowledge that acknowledges its embodied situation is no more or less objective than the alternative ('Knowledges'). For instance, if not the sole cause, my orientation does affect the positioning of my research questions to a degree. This is because thinking about the AIDS epidemic gives me a sense of urgency I associate with being gay, a sense of that lost history that I feel intrigued to uncover at least a small part of. Of course, there are other reasons that have led me to the specific topic of generosity in Brown's *Gifts*, but this intrigue is how it started.

To further describe this idea of situated knowledges as a question of research ethics and methodology, I turn to the theorist who has been, as it will become evident, most important in shaping my reading of Brown's novel: Rosalyn Diprose. Before going into more detail as to what it is that Diprose writes about that is so essential for my thinking in this thesis, I present here her meditations on the presence of the author in their text. Diprose writes:

If we understand the author ... as animated flesh, fluids, forces, and affects, opened by and to the other's palpable difference signified in the strangeness of her or his actions or words, then the discourse and the actions that the author offers in response to this strangeness are of that author's body as a trace of the alterity that provokes it (191).

Now, without context to place these words in – and often even in that context – interpreting Diprose can be an arduous task. Looking at the above quotation, the author is understood as their corporeal, material, physical self – the author who writes the text, not the implied author. This much may be self-evident. The part that follows, about being ‘opened’ by the other and their ‘palpable difference’ and ‘strangeness,’ is less evident but refers to the book’s titular concept of *corporeal generosity*. This concept will become crucially important in my forthcoming discussion, and refers to a process where the other’s difference, compared to the self, effects a reaction in which the self becomes opened to that difference. In this openness the bodies and selves of my other and I are corporeally generous, that is, open to the ways in which the differences between us can form and re-form the ways in which we relate to each other and the world. Diprose describes corporeal generosity as a fundamental mode of all interaction, which happens before self-reflection and has a transformative effect on practically all aspects of social life from the formation of identity to the actualisation of social justice. Here, it is little more than an abstract idea, but will become more defined in more detail and more fleshed out in its application to my reading of *Gifts* later.

What I want to focus on here, is the transformation that the corporeally generous openness to the ‘strange’ other causes for the author in the above quotation. It is the strangeness of the other which inspires the author’s work – which arouses the research question, which calls for a need to examine, to study, to think – and as such, the difference that is generously ‘given’ to the author by the strange other and appears in or as the text they write. Furthermore, because the generous exchange of differences is corporeal in nature (which will be discussed in due time), what is written in the text is indeed a trace of the author’s body and of that of the strange other. It is not just a more laborious way to say that knowledge is situated in the body, but that the body – the flesh, the fluids, the forces, the affects – as a trace is situated in what is perceived as the knowledge: the text.

It is because of this that it is relevant and responsible to write myself into the text, so to speak, since if what Haraway and Diprose are saying is true, the author always already is written into the text and does well to be aware of it. My choice of research topic has not happened at random, and my experienced proximity to it is both influenced by who I am, and what inspires that choice. Diprose would appear to agree, as she continues the passage quoted above:

We perceive, speak, and write to touch what touches us, to touch our being-touched. What we perceive, think, or write is written in blood, is an affective material offering of our body to the other whose difference inspires and moves us (191).

The notion of ‘writing in blood’ brings me to the other important facet of the methodology I follow in this thesis. Diprose adopts the phrase from Nietzsche’s *Thus Spoke Zarathustra* and forms it into a metaphor for corporeal generosity: ‘corporeal generosity ... is, in a sense, writing in blood and love of that’ (190). Now, according to what is understood to be a metaphor for instance in Aristotle’s definition (as quoted by Susan Sontag) is ‘giving the thing a name that belongs to something else’ (Sontag 5). In this sense, ‘writing in blood’ is a metaphor for corporeal generosity, which Diprose has defined differently throughout her book before offering this new name for it. Yet, Diprose seems to contradict this definition when she writes that ‘the definition of generosity as writing in blood and love of that is just as literal as metaphoric’ (190–191). This apparent contradiction, where metaphor appears simultaneously as literal and figurative, as giving a thing a name that is *both* its own and of something else, is essential in my understanding of the concept of metaphor in this thesis. To explain why, I return to Diprose:

To understand the word, language, meaning in terms of metaphor that stands above, on, or about the work being addressed or above the body that the work is about is to miss what matters. The word, and its socially sanctioned meanings (spoken, gestural, or written), is not *on* or *about* its matter, as if separate from it. The word, social meaning, does come before a particular body, but not to shape it simply into a seamless, socially recognized whole ... And the word does come after a particular body, but not to describe its truth in commonly accepted terms ... Rather, the word, the meaning of my response to the matter that moves me, is also always *of* a body, written in blood (191).

In other words, metaphor is understood, by Diprose and by myself, as a simultaneously discursive and material phenomenon that can never neither discursively construct the phenomenon it describes, nor describe it entirely empirically. As my discussion in the first chapter that will follow this one will elaborate with help from feminist new materialist scholars, metaphor is never merely a metaphor but is always connected to the materiality of its target.

Another aspect of this metaphor-but-not-completely that is of relevance here, it its subject matter. Blood, Diprose finds, is a powerfully affective matter: ‘a kind of life force, a passionate defiance of corporeal borders in response to being cut, touched, or wounded, an overflowing that is neither simply active or passive’ (190). The passages quoted here, are from the conclusion to *Corporeal Generosity* (2002), which Diprose introduces with a reference to Marsha Rosengarten’s work on blood in scientific discourse (189). The faction of Rosengarten’s work that I have become familiar with during my research for this thesis, is her critique of matter and discourse in biological and medical discussions of HIV in *HIV Interventions* (2009). Furthermore, Diprose’s own book is likewise informed by the HIV epidemic (108–109). Thus, it is possible that her interest in the affects of blood is aroused by the affects and matter that blood was feared to carry in the two decades before the publication of *Generosity*.

The way in which blood signifies fear and potential contagion in the context of the AIDS epidemic is a trace of the fear and stigma attached to those in whose veins infected blood circulates. And like the trace of the other’s body that appears in the author’s text, this trace of the blood of HIV positive individuals appears in Diprose’s metaphor of writing in blood and now again, throughout my thesis. Diprose’s haemal metaphor for generosity ‘implies that there might be some violence involved in this generosity’ (190), which is especially true when emphasising a context of HIV/AIDS and the fear and subsequent violence the epidemic incited against gay men and other risk groups. Here, I find powerfully evocative discussion and a useful methodological tool in Susan Signe Morrison’s notion of metaphoric medicine, where metaphor’s capacity to bring together otherwise separate entities is a capacity to heal – meaning ‘to make whole’ (193, emphasis in original). She writes: ‘The healing [by use of metaphor] is in the making whole ... [it is in] the uniting, the healing by filthing, the standing by falling’ (194). Morrison’s use of ‘medicine’ and ‘healing’ is of course metaphoric. However, to return these words to their realm of origin in the medical science and specifically to the treatment of AIDS, is to ask, what of the epidemic – if not any more literally than what is meant by Morrison – can be healed with metaphor? If not the syndrome itself, then perhaps some of the sicknesses – prejudice, fear – within its cultural dimensions. After all, the history of defining HIV, and viruses in general, is enmeshed with metaphor from one of the earliest definitions of virus as ‘contagious living fluid’ (van Loon, ‘Contagious’ 108), to more contemporary scientific debates and general confusion about whether viruses are literally or metaphorically alive (van Regenmortel). Indeed, it would seem attempts have been made to heal viruses with metaphors always and often.

From this discussion of metaphor, AIDS, and fear I am inclined to move onto a discussion of Susan Sontag's 1989 essay *AIDS and Its Metaphors*, since it deals with much of the same subject matter and more. This in turn, since it is with Sontag that I will begin my discussion in the next chapter, calls for a brief explication of the structure of this thesis.

Chapter 2 introduces the theoretical framework in which I have developed my thinking on *The Gifts of the Body*, indeed beginning with Sontag. Sontag's essay thoroughly criticises the discussions on the epidemic of the era of its writing, much of which still resonates with today's discussions and prejudices about HIV/AIDS. At the centre of Sontag's critique is metaphor, and the way metaphorical thought has influenced the treatment and stigmatising of people with AIDS and of people perceived to belong to its 'risk groups.' After discussing Sontag, I move onto a more detailed account on Diprose's *Corporeal Generosity* than what is offered here, explaining its intricacies and applicability to Brown's novel. The reason Diprose's book is important here, is that it aims to destabilise the frigid social imaginaries that effect social injustices – including the unjust societal and cultural treatment of people with AIDS. Finally, I close chapter 2 with a definition of an extended metaphor of generosity and gifting in the context of the AIDS epidemic, which I argue is present in *Gifts*, and which is radically different from the metaphors Sontag critiques, and informed by Diprose's theory. The metaphor may seem strange and ill-fitting here, but it is my argument that this perceived discrepancy is an integral part of how the metaphor informs AIDS and the treatment of people with AIDS in Brown's novel.

Chapter 3 consists of my analysis of *The Gifts of the Body*, in which I apply the theories and concepts presented in chapter 2 into practice. I begin my analysis with a closer look at the novel's narration and narrator, arguing that the narrative style of *Gifts* exemplifies some of the key ideals of corporeal generosity according to Diprose. Furthermore, I find that the narrator and protagonist of the novel performs generosity through a focus on the corporeal interactions with her clients. The second part of the analysis chapter examines these interactions more closely and discusses how the narrator's identity is influenced through exchanges with her clients, and how she and her clients build small communities – comparing these processes to how Diprose describes generosity to affect identities and communities. Finally, I take a look at encounters with medicine and medical technologies in the novel, since the clinical encounter and medicine's normalising power over bodies is also one of Diprose's focal points and highly relevant in the context of AIDS.

The themes present in my analysis, although most directly discussed in chapter 3, are present in other ways in chapter 2, and thus should be expanded upon already here. The focal

point of my analysis is the corporeal body, and the way in which I discuss bodies throughout this thesis branches from discussion on individual bodies, to the communal bodies or bodies politic, to the ways in which bodies are defined and normalised in medical science. Thus the body becomes thematised through the concepts of identity, community, and medicine. Most of the following sections interrogate these three themes, often in this very succession. A fourth theme pertaining to the body, its materiality, is already discussed above in relation to Diprose's writing in blood. This theme will not be as directly discussed as the other themes elsewhere than here and in the first section of the following chapter, but it is nevertheless a crucial part of my reading of *Gifts*, and figures in all of the discussions I present here – most obviously as 'corporeality' in and after my discussion of Diprose.

On the basis of what I have found in these discussions, I observe traces of Brown's others in her text. Her writing in blood, through its resonance with corporeal generosity and the employing of the gift metaphor, paints a fleshed-out image of the AIDS patients who have moved her to write the novel, and this representation radically counters the one produced by more mainstream metaphorically infused and fear-laden discussions of the era that continue to influence the perception of people with AIDS today. To get to this conclusion, I must begin with an examination of these metaphors of fear, which is why I turn to Sontag in the beginning of the next chapter.

2. Metaphor, Generosity, and Gift – Key Concepts and Theoretical Background

In this chapter, I present the theoretical framework that has influenced my reading of *The Gifts of the Body* as three distinct but related approaches. Firstly, I will take a closer look at a classic of AIDS criticism, Susan Sontag's *AIDS and Its Metaphors* (1989), focusing on its discussion of patterns of metaphorical thought that have influenced AIDS discussions from the realm of the everyday to that of politics and medicine. Here, metaphor and its role in defining AIDS in the social imaginary are my main foci. Out of the metaphors critiqued by Sontag, one stands out as more powerfully harmful than the rest: an extended metaphor of warfare that casts a rhetoric of violence upon the epidemic. This military metaphor will be my main point of contrast when discussing the metaphorical structures present in Brown's novel later on. In these first pages, I will also briefly introduce more current work on the interplay of matter and discourse by new materialist feminist scholars who specialise in the fields of literature as well as medical data and knowledge about HIV, thus bringing a new materialist angle into the discussion of metaphor's influence over scientific information and more mundane uses of language.

Secondly, I will examine Rosalyn Diprose's *Corporeal Generosity* (2002), in which the author presents a definition of generosity as a fundamental mode of existence, identity formation and community building, all of which is mediated corporeally through interactions between bodies. Diprose's notion of corporeal generosity is useful in comparing it to Brown's bodily gifts presented already in the title of her novel. For Diprose, generosity is importantly not a virtue, as it is more commonly defined, but an openness to the surrounding world and the other beings in it that precedes all self-reflection. In this openness, what is given and received are differences between self and other, which in turn affects how identity is constructed in relation to the other's difference and how community is formed based on difference. These processes can either embrace the other's difference in a generous manner, or be parsimonious, constructing identities and communities that reject otherness and difference and thus enforcing social injustices.

These two approaches – Sontag and metaphor, and Diprose and generosity – may appear somewhat separate from each other at first, but I will bring them together when, thirdly and finally, I argue that Brown's use of 'gift' as a metaphor builds a network of metaphors of AIDS that resonate with Diprose's ideas of generosity. My introduction to Diprose therefore builds a bridge between my discussions of the two networks of AIDS metaphors: the military metaphor, as an expression of a parsimonious way to relate to the

world where the differences between the ‘general population’ as the body politic and the bodies of HIV positive people, the larger bodies of people they are seen to represent (e.g. gay men), and the microbial ‘body’ of the virus are closed off and rejected; and the gift metaphor in Brown’s novel, as a manifestation of generous embracing of differences. In the final section of this chapter I continue to rely on Diprose as an important source of ideas, but also introduce other theorists whose approaches to the concepts of gift and generosity are more focused on epidemics and the pathogenic, thus allowing me to better explore the difficulty of the seemingly positive metaphorical network of generosity in the more negatively charged context of AIDS. My discussion towards the end of this chapter will begin to illuminate the ways in which Brown’s novel and its understanding of what constitutes a gift effectively challenge the prevailing and harmful military metaphor critiqued by Sontag and succeeds in building more empathetic and hopeful portrayals of AIDS patients where the corporeality and materiality of care work are emphasised. This line of argumentation will be continued in the next chapter that provides a closer reading of the novel, but I will begin in the next section with a discussion of what rather could be seen as the polar opposite to Brown’s approach to HIV/AIDS care: the military metaphor.

2.1. AIDS, Metaphor and Matter

AIDS and Its Metaphors was written as a response and continuation to Sontag’s *Illness and Metaphor* (1978), which was inspired by her own experience as a cancer patient, and published in 1989, in a time that AIDS had usurped cancer as the most feared, most speculated and most shunned disease (Sontag 16). In *Metaphors*, Sontag catalogues and dissects some of the most impactful and harmful of metaphors of the epidemic: AIDS as invasion, as pollution, as (divine) punishment, as plague. Out of these, the invasion metaphor and its relation to and expansion into other military metaphors and a general rhetoric of war stand out as Sontag’s main object of critique. Throughout the essay, Sontag builds towards the argument she posits at its conclusion that compared to other metaphors of illness, the military metaphor

is probably more dangerous and far-reaching in its consequences, since it not only provides a persuasive justification or authoritarian rule but implicitly suggests the necessity of state-sponsored repression and violence (the equivalent of surgical

removal or chemical control of the offending or “unhealthy” parts of the body politic).
... It overmobilizes, it overdescribes, and it powerfully contributes to the
excommunicating and stigmatizing of the ill (94).

Already in this quote, my and Sontag’s argument about the ways in which metaphorical thinking has material, real-world consequences is evident, but a more thorough exploration of Sontag’s critique of the war metaphor is in place here. Within the extended military metaphor of AIDS, the virus is an invader, the illness an invasion, and the body a fortress or a state that is being invaded. Sontag finds some of the earliest literary examples of these kinds of metaphors in the body-as-a-fortress-metaphor used by John Donne in his *Devotions upon Emergent Occasions* (1627) and in the body-as-state-metaphor of the 19th century cellular pathology of Rudolf Virchow (Sontag 6–9). Such an account of the history of these kinds of metaphors that holds an interest in both fiction and non-fiction is crucially relevant as it helps to underline the fact that metaphorical thinking hardly is or ever was less innate or fundamental for scientific literature than it is for poetry and prose (see, e.g., T. Brown 14–15). Sontag further argues, with plentiful evidence from different accounts of illnesses throughout history, that ‘there is a link between imagining disease and imagining foreignness’ (47–54, 48 quote). Diseases are often imagined to originate from foreign countries – as is the case with the imagined and vague African origin of AIDS (51–52) – and this assumed pathogenic invasion from another country invites comparisons to similar acts of war.

Sontag makes the argument early on that ‘[m]ilitary metaphors contribute to the stigmatizing of certain illnesses and, by extension, of those who are ill’ (11). The fear of the disease attaches to the ill as potential – even if not realistically so – sources of infection; the virus’ status as the enemy spreads to its host. The metaphors of fortress and state change after infection takes place: where they first were domestic strongholds being attacked by the enemy, they become the base of the enemy after infection takes place. The harm of the war rhetoric can be observed not only in its effects – with a direct correlation and linearity between speech and act, between metaphor and the treatment of people with AIDS, being already a difficult thing to pinpoint and prove – but also in the way that AIDS discourse is selective in its employment of warfare to use metaphorically. This war rhetoric rests on a strategy of remembering the attack and defence progression of warfare and forgetting its other aspects that could potentially be helpful for AIDS patients and the society at large – for instance, as Sontag observes, ‘calls for more zeal, and more money to be spent on research’

(11). Instead, the war metaphor hones in on the idea of an enemy – the virus – and the state or the fortress that houses the enemy, like the body houses the virus. In Sontag's words: 'The metaphor implements the way particularly dreaded diseases are envisaged ... as enemies are in modern war; and the move from the demonization of the illness to the attribution of fault to the patient is an inevitable one' (11). In war, the state that the enemy hails from is metonymical to said enemy and becomes 'the enemy state'; in an epidemic, the body *becomes* the virus, the source of infection, the object of fear and disgust.

The source of this fear and this disgust, of course, is not found only in the seemingly daunting and hideous virus, but also in much older projects of shunning the kinds of people most susceptible to HIV infection. Sontag writes that AIDS 'is not a mysterious affliction that seems to strike at random. Indeed, to get AIDS is precisely to be revealed, in the majority of cases so far, as a member of a certain "risk group," a community of pariahs. The illness flushes out an identity that might have remained hidden' (24–25). The reference here appears to be to homosexual men, but the establishment of risk groups targets other 'pariahs' – sex workers, users of intravenous drugs, and POC (Sontag 82–83) – as well. Furthermore, the divide between 'the general population' and these 'risk groups' 'revives the archaic idea of a tainted community that illness has judged' (46) and thus the metaphor of (divine) punishment. Another metaphor that the epidemic's close association with gay men invites is evident in notions of AIDS as a 'gay plague.' Sontag even goes as far as to argue that plague, even if not the most dangerous, 'is the principal metaphor by which the AIDS epidemic is understood' (44) – although I find that the reason why it is so is not very clearly indicated.

Plague, naturally, is also the most medical of the metaphors analysed in Sontag's essay. Medicine, however, does not figure as centrally in Sontag's discussion of the plague metaphor as it does in her criticism of the military one. Indeed, medicine for Sontag appears as one of the many matrices of the military metaphor, both being influenced by it and often reiterating it. Sontag finds that the AIDS epidemic broke out in a time when epidemics of infectious diseases had been thought to be somewhat of a thing of the past (57, 72). Invoking the war metaphor, she writes: 'Medicine had been viewed as an age-old military campaign now nearing its final phase, leading to victory. The emergence of a new epidemic disease, when for several decades it had been confidently assumed that such calamities belonged to the past, has inevitably changed the status of medicine' (72). This change pertains to medicine becoming more powerfully normative about 'safe' and 'risky' uses of sexuality and other pleasures (25–26, 72–73) and to the challenges that the unique difficulty of HIV/AIDS – in terms of identification, definition, and treatment – brought to medical science.

Sontag further interrogates the way in which metaphorical thinking informs and influences medical thought in her criticism of the way prevalent metaphors of illness supersede previously accepted scientific knowledge. The case Sontag brings up is the perceived simultaneity of HIV infection and AIDS: ‘those who test positive for [HIV] are regarded as people-with-AIDS, who just don’t have it ... yet’ (32, ellipsis in original). The fact that the metaphor overrides here is that a person can host an infection without it showing any symptoms or without being ill for a prolonged period of time, as was and is the case with HIV, too. Contrasting this knowledge, HIV positive people are viewed as ill even in the absence of any symptoms of illness. Sontag observes how the notion that ‘infected’ does not equal ‘ill’ ‘is being superseded by biomedical concepts which, whatever their scientific justification, amount to reviving the antiscientific logic of defilement, and make infected-but-healthy a contradiction in terms’ (32). Here, the primary metaphor at work is neither medical nor military, but environmental: pollution. The HIV positive person is seen as ill from the moment infection takes place, marked, polluted and defiled by the virus. The metaphorical interlocks with the material world as this mark has palpable consequences that stretch far beyond the clinic: getting its bearer fired, removed from certain branches of military service, restricting their ability to immigrate to certain places, and so on (Sontag 32–33). Thus, AIDS is materialised through metaphorical thinking that has effects on and in the material world of individuals.

Materiality is the final aspect of metaphor that I will briefly delve into in this section before continuing on to the concepts of generosity and gift. Since it is not a subject much discussed in *Metaphors*, I turn to other theorists that hold an interest, more or less, in new materialist feminisms. Diprose’s discussion on metaphor could be included here, but that would be to repeat the arguments already made about her thinking on metaphor in the introduction to this thesis. Rather, I wish to expand upon those thoughts with other similar points of view. Astrida Neimanis, throughout her *Bodies of Water* (2016), maintains that the work’s titular metaphor of human bodies being water in various meaningful ways – consisting mostly of water, being gestated in water, having been born from water in an evolutionary sense, etc. – is never ‘mere metaphor’ (138, emphasis in original). She argues that her metaphor of choice, and many others if not all, I would add, ‘is only effective because it calls out a material resonance within us with [an] experience. ... If we were not somehow materially in contact with these experiences, the metaphor would hold no sway’ (138). Thus, a metaphor is never severed from the material and never only a matter of discourse or language or text. It is always connected to the world beyond its written or uttered

form, through an embodied experience of the thing it describes. Similar argument is made by Susan Signe Morrison about the concurrency of ‘literal *and* literary’ meanings of these metaphorical-but-not-merely-metaphorical concepts, where ‘materiality, metaphor, and emotional affect’ are simultaneously implied (8–10, 8 quotes, emphasis in original). To apply these concepts and ideas to the cultural studies of HIV/AIDS, I turn to Marsha Rosengarten, whose work in *HIV Interventions* (2009) focuses on the interlay of *information* (or word, literariness, metaphor) and *flesh* (world, literalness, matter) in medical discourse about the epidemic and the supposed distinction between these aspects ‘that implicitly guides many scientific and policy approaches to biotechnologies in general, and HIV and AIDS in particular’ (4). Rosengarten shows how HIV and AIDS are materialised *through* discourse and medical data, where HIV, for instance, is revealed as a phenomenon comprised both of a material virus and, in large part, of test data and its interpretations, visualisations and other abstractions (28–33). These abstractions, naturally, include and require the use of metaphor, and thus there appears a bond between metaphors of AIDS and the ailment itself, between its information and its flesh.

These discussions are of interest in the context of AIDS, as they constitute the epidemic as an amalgamation of discursive and metaphoric information and fleshed-out matter. This anticipates both my discussion of Rosalyn Diprose’s similar focus on material corporeality as a fundamental aspect in all social interaction in the next section, and my reading of *Gifts* in the next chapter, which applies this discussion to the novel. As the novel’s title already suggests and as will become apparent, attending to material, corporeal bodies is crucially important in the novel. Materiality is not the only theme presented in this section that will become central in my discussions of both Diprose and Brown, but rather both of these discussions will follow pattern much like the one in the above paragraphs. Here, I first discussed the ways, in which the military metaphor influences the *identity*, or rather the societal perception thereof, of the individual with AIDS, reducing them into an object (or abject) of fear. Second, I introduced the idea that the metaphor of punishment is centrally important in the creation of ‘tainted’ ‘communities of pariahs’ into risk groups and their separation from the ‘general population,’ thus guiding *community formation*. And third, I discussed *medicine*, as the crossroads where multiple metaphoric axes – war, plague, pollution – intersect to inform what seemingly ought to be among the most objective realms of HIV/AIDS inquiry. This succession – from identity to community to medicine – will repeat both in the next section on Diprose, and in the next chapter on Brown. My final topic of inquiry in this section – metaphor and matter – will not be similarly discussed as its own

part in these discussions, but should not be regarded as little more than a side note. Rather, it remains relevant throughout the following discussions in the form of a focus on the corporeal and embodied experiences of and interactions with others. I will begin to hone this focus in the following discussion on Diprose's concept of Corporeal Generosity

2.2. Corporeal Generosity

The notion of generosity that Rosalyn Diprose describes in *Corporeal Generosity* is importantly contrasted to more commonplace definitions of generosity as a moral virtue: 'generosity is not one virtue among others but the primordial condition of personal, interpersonal, and communal existence' (5). With this, Diprose stipulates that it is not a judgement between good and bad actions that drives us to perform generous acts for others but that it is generosity that primordially animates all of our actions and interactions prior to any judgement. Thus, the concept of corporeal generosity does not describe an ethics of virtue but a fundamental model of existing in relation to others and the world. Diprose sets off to describe generosity and openness as existing with others in a manner that is precursory to social justice and starkly opposite to accounts of gifting and generosity that are based on ideas of moral virtuousness or the systems of exchange economy. It is in the middle ground between these two – virtuous generosity and the economy of exchanges – where generosity takes place, and this is what Diprose calls 'the aporetic structure of generosity': 'an ethico-politics of sexual and cultural difference is to be found not in the self-serving collection of debts nor in an expression of unconditional self-sacrifice in the service of the other but in the indeterminacy of generous acts that lie somewhere in between' (187).

In this section, I will examine Diprose's notion of generosity, laying the groundwork for my subsequent analysis of how *The Gifts of the Body* negotiates this middle ground between giving and taking. I will begin my account on the aspects of Diprose's work with Derrida and the way Diprose constitutes the concept of generosity in relation to his discussion of *différance*. This is instrumental in the discussion of identity and community formation that follows, but which first needs to be set up with an examination of the key features of generosity: prereflectivity and corporeality. It is here that this progression allows me to begin drawing parallels between generosity and *Gifts* that concern identity and community formation, social justice, and medical science's challenges and potential for generosity.

Diprose introduces corporeal generosity by a comparison to Derrida's concept of *différance*, with which it shares some similarities: 'like *différance*, generosity describes the operation that ... constitutes identity and difference ... so that the self is dispersed into the other' (Diprose 7). Summarising Derrida's account on *différance*, Diprose continues:

Self-identity, a manner of being, cannot be constituted without a production of an interval or a difference between the self and the other. No self-present identity, no relation to Being, is generated without this relation to the other. ... As one's identity and social value are produced through a differentiation between the self and the other then the identity of the self is dispersed into the other (7).

Derrida and Diprose, with *différance* and generosity, share a mutual concern in the ways the other's differences and alterity affect and form self-identity. Simply put, generosity is becoming open to the other, caused by a perception of both the other's differences and of the fact that the self is an other *to* the other. The realisation follows that the differences I recognise in the other are also recognised by the other in me. In this openness, the subjectivities that encounter each other share their alterity as gifts, so to speak. Through this exchange, the subjectivities re-form their identities in relation to their others', or, in Diprose's words, disperse their identities into their others. In a generous exchange with the other 'the alterity that animates perception ... opens my movement toward the other without promise of returning the same and allows the other into the singularity of subjectivity that it has inspired' (185). My subjectivity is opened to the possibility of transformation and the other is allowed subjectivity and a possibility of similar transformations of that subjectivity. This openness is opposed to 'parsimony', which – relying on the logic of the exchange economy – includes an expectation of what has been given to the other to be returned unchanged by that other's alterity and a closing-off of subjectivity for the other.

According to Diprose, generosity is based on 'a prereflective corporeal openness to otherness' (5). These are the definitive properties of generosity: prereflectivity and corporeality. Generosity is prereflective, since it 'operates at the level of sensibility (carnal perception and affectivity)' (9) and thus happens before our acknowledgment of or reflection upon it. It is corporeal for that same reason, since sensibility, perception and affect are all processes that take place in, on, or through the body. Perception – that which is animated by the other's alterity and which thus is the most fundamental act that opens and connects my body and self to others – is importantly understood as a corporeal and carnal process in

Generosity. It is perception that occurs in and through the body that allows us to recognise the alterity and affectivity that likewise reside in the other's corporeality.

It is here – within the corporeality of perception and affect – where a first connection between *Corporeal Generosity* and *The Gifts of the Body* (besides the wonderful synergy between their titles) can be found. The titles of the 11 chapters in *Gifts* are each named 'The Gift of' something: of Sweat, Wholeness, Tears, Skin, Hunger, Mobility, Death, Speech, Sight, Hope, and Mourning. I draw a connection between these gifts presented in the titles and the three categories for the operation of generosity: corporeality/carnality, perception, and affect. Most chapters (Sweat, Tears, Skin, Hunger, Mobility, Death) refer directly and clearly to corporeal processes, and the rest are related to corporeality through sensory perception (Sight, and Speech through hearing) or affective connotations (Wholeness, Mourning, Hope). The categories are not exhaustive nor mutually exclusive as all of the gifts are related to the body in one way or another, and many of the directly corporeal gifts can also be highly affective (like Tears or Death) or related to the five senses (Hunger to taste or Skin to touch, for instance). Already in the titles of her chapters, Brown thus evokes the corporeally generous nature of perception and affect, which serves as a small introduction to her focus on corporeality, which is what constitutes her characters and narration as generous.

How the processes of giving and receiving of these corporeal gifts affects and builds the narrator's identity will be the initial focus of my next chapter. According to Diprose, generosity constructs identity through corporeally experiencing the other; it is 'subjectivity as sensibility animated by the other's alterity' (187). As already discussed above, sensibility – the corporeal experience of others and the world – is motivated by the other's alterity and results in subjectivity and identity re-forming themselves in relation to this alterity – either as a generous transformation of social imaginaries, or a parsimonious re-enforcing of these imaginaries and a closure of subjectivity for the other. Here, following Diprose, I have evoked Moira Gatens' concept of social imaginaries, which is also central to Diprose's discussion of identity and community formation. In *Imaginary Bodies* (1996), Gatens focuses on the processes that inform and reform the categorisation of bodies (as in both individual bodies and bodies politic) and the valuing and devaluing of these bodies. Her concept of social imaginary refers to any collection of preconceptions and prejudgments of people of a certain gender, sexual orientation, health status, and so on, that influences the societal position and treatment of those groups of people. In Diprose's words, social imaginaries 'already memorialize the generosity of the privileged and forget and do not actively perceive the giving of others' (192). A generous openness to otherness, according to Diprose, is

central to the deconstruction of these imaginaries. Through a generous openness to others, social imaginaries lose their organising power and value, and social justice is more evenly distributed among people regardless of their differences: it is generosity ‘that would open and transform cultural conventions to admit different modes of being’ (193). Conversely, the upholding and reinforcing of social imaginaries constitutes a parsimonious relation to the world and others.

This unsettling of imaginaries would also mean re-evaluating on what basis a community is formed. Within this framework of thought, the renegotiation of social imaginaries that constitute the AIDS patient as an enemy or a battlefield, as explored in the previous section, and resulting transformations of community that take place in *Gifts* are of interest in the following chapter. Indeed, the importance of generosity would be lost in an analysis that focuses only on the narrator of the novel and her generosity precisely because of the social and mutual nature of generosity. Diprose maintains that without the generosity of others the openness that shapes my identity and relation to the world is impossible: ‘... my body is only open to the sensible world, ... because my body is also open to the bodies of others who are already social beings’ (176). Openness to sensibility and to the other’s identity is only possible through a social relation to others and thus through the existence of community.

Furthermore, taking into account the above discussion on Gatens, it follows that through a redefinition of social imaginaries, generosity has the potential to reform communities and produce new relations to alterity. Therefore, focusing on the mutuality of generous exchanges of gifts within the communities of *The Gifts of the Body* is also important in terms of Diprose’s project towards social justice. On generosity’s relation to justice Diprose writes that:

the injustice that inflects [generosity’s] operation is governed by the way social norms and values determine which bodies are recognized as possessing property that can be given and which bodies are devoid of property and so can only benefit from the generosity of others, and which bodies are worthy of gifts and which are not. ... Accounting for the corporeal dimension of generosity allows the possibility of better locating the operation of social injustice as well as the openness to others that would enhance its overcoming (9).

Merely looking at what the *caregiver* gives to her clients without accounting for the *caretaking* she receives from them would be a reading informed by and sustaining the social imaginaries that define the ill as devoid of property and unable to give of themselves. Diprose makes a further point of how social norms affect the recognition of generosity: ‘parsimony and social injustice rest on memorializing the generosity of some while forgetting the giving of others’ (75). Thus, it is important to focus on the mutuality of exchanges in *Gifts*. The generosity of the narrator is more easily identifiable than that of her clients, but the identical meaning of caregiving and caretaking should be remembered here: the narrator is also receiving generosity and gifts from those she takes care of or gives care to.

Finally, and perhaps surprisingly, this discussion must be grounded by remembering that corporeal generosity is impossible: ‘Unconditional openness to otherness ... is impossible, given how sedimentation of corporeal style closes off possibilities for existence for both oneself and the other’ (Diprose 120). I take this to mean that a complete openness to every other and their differences would bring about a certain obliteration of the self. ‘Corporeal style’ is the expression of gestures and patterns assumed from others’ differences (102), and this stylisation, in the infinite abundance of differences, is necessarily selective. This selection however, although it often is informed by social imaginaries, does not need to be so, and therein lies the importance of focusing on corporeal generosity. That generosity is prereflective does not mean that it cannot also be wilful, and Diprose importantly maintains: ‘To stay open to other ways of being ... takes work. ... [it] require[s] a break with old habits, an unsettling of sedimentation, particularly by those who benefit from existing social imaginaries’ (188). For Brown’s narrator, the ‘unsettling of sedimentation’ and stylisation of social imaginaries does not only take work, but *is* her work as a caregiver-taker in a very literal sense. Because of this, I also take interest in the narrator’s profession and its relation to generosity. Especially interesting here is the connection that can be drawn between *Gifts* and Diprose’s discussion of generosity in relation to medical science. Although it does not discuss HIV/AIDS from the point of view of generosity in any detail, *Corporeal Generosity* is definitely informed by the epidemic – specifically, it underlies Diprose’s chapter on sexuality in the context of the clinical encounter, which is introduced by a discussion of the normalising power of medical discourse over sexuality, and the legacy of AIDS within this discourse (108–109). In that chapter, Diprose makes an argument against this normalising power, and for recognising generosity and mutual openness between medical professionals and their patients. This discussion interestingly illuminates the central character of *Gifts*, who

works closely with medical science but is importantly not a medical professional. This will be the main focus in the very last part of my analysis of the novel.

Before I can begin with the analysis, however, I need to bring together the discussion in this section about corporeal generosity and Brown's novel with the previous one on metaphor. Bridging together these two aspects helps me to introduce my method of reading the novel's portrayal of AIDS through an extended metaphor of generosity and gift-giving that challenges the previously discussed parsimonious metaphors of warfare. I will begin this bridging by detailing, what exactly is considered a gift in *The Gifts of the Body*.

2.3. The Gift Metaphor

The eleven gifts that Brown presents her reader with in the form of the eleven chapters of the novel are, to bring back to mind what I wrote a few pages ago, sweat, wholeness, tears, skin, hunger, mobility, death, speech, sight, hope, and mourning. The significance of these titular gifts is never elaborated on by the narrator, and they are hardly acknowledged as gifts by the characters with only one of them – the gift of death – reappearing in-text word-for-word as it stands in the chapter's title. There is an ambiguity to these gifts that is caused by a difficulty of identifying them as objects given to another as a gift. They can seem either odd or impossible to give. In some cases, the exchange of a chapter's titular gift can be identified, for instance, when Rick's sweat is absorbed into the narrator's clothes while she holds him in 'The Gift of Sweat' (9), or, indeed, when Marty confesses to having given Carlos 'the gift of death' (98), but the feeling that there is strangeness or wrongness to these gifts persists. Other gifts appear to not be given at all, as when Ed is unable to cry in 'The Gift of Tears' (33), or in 'The Gift of Wholeness', where Connie is revealed to have had a mastectomy and her body is deemed by the narrator to not be whole (20–21). Material gifts like sweat and tears are more easily imagined as things given, but it is much more difficult to perceive giving, for instance, hunger, mobility, or sight. What comes to mind about giving these gifts involves starving others, or performing miracles to restore another's ability to walk or see, but Brown's narrative certainly does not deal with such themes. Her approach to gifting is less direct and she uses her chapter titles as a series of metaphors, using the concept of giving and receiving to interrogate aspects of HIV/AIDS, including some of the related physical attributes (e.g. sweat) and emotions (mourning) as well as cases where corporeality and affectivity converge (death).

The ambiguity of the gifts is further complicated by the various ways in which they are or are not given and to whom they are given. In the first chapters of the novel, the gifts are given *to* the narrator by the sick characters she works with. These include the first gift, sweat, as mentioned above. The wholeness that is denied Connie is similarly given to the narrator: by identifying Connie's body as not whole, the narrator makes a judgement of which bodies are whole and which are not, and her own body belongs in the former group – which appears to include a condition of having two breasts. Towards the end of the novel, the narrator's newly diagnosed boss Margaret puts her hand on the narrator's skin and gifts her with hope by telling her: 'You can hope again' (148). By doing so, Margaret also implicitly asks the narrator to give her hope, the act of hoping for her.

This brings me to the gifts given *by* the narrator, although most of these are simultaneously received by her. The one exception here is sight, which I find to be only given to Keith by the narrator as she looks at his Kaposi's sarcomas after initial horror, learns to see the radiance of his skin (126) and finally tells him: 'You'll see your mother soon' (126–127) – thus gifting him with not only her own sight but also with the idea of the sight of his mother. The narrator gains the gift of speech in comparison to Rick, who has become nearly unable to make sounds before his implied death. However, the gift is also given to Rick by the narrator, with her talking to him like she used to after an initial instinct to stay quiet (112–113). The gift of skin is likewise shared between the narrator and Carlos through her washing his body, after which they both experience having and touching skin more intensely than before: 'Our skin felt clean' (47), 'His skin through my clothes felt cool and clean' (47), '[Carlos said:] "The air feels good, I want to feel the air against my skin"' (48). Mourning is ambiguously passed around Connie's extended family (which at this point includes the narrator, as I will argue in more detail in a later section), both given to the narrator through Connie's death and from the narrator to Connie's children by leaving them to mourn in peace.

Finally, there are gifts that are not given to anyone, like tears, as mentioned above. These also include hunger and mobility, as these gifts are already possessed by the characters: Connie is constantly hungry due to being unable to eat and digest food, and Ed is able to move out of hospice on his own. This interestingly makes Ed the only major character that neither gives nor receives any of the listed gifts. The gift of death stands out from the group also in this respect, as it is unique in being given to one secondary character (Carlos) from another (Marty) without engaging the narrator. Here, the ambiguity is deepened by the implied sense of assisted suicide or even murder that suggests taking rather than giving.

Such a lengthy exposition of the kinds of gifts and the networks of giving and receiving that appear in the novel is in place for a number of reasons. First, it is a tangible way to introduce the argument presented in this section that the concept of ‘gift’, in Brown and in my discussion, contains an ambiguous set of meanings. Gifts, in this sense are not necessarily beneficial or pleasant, they do not necessarily even read as gifts – indeed the unrecognizability of the gift is in fact one of the most central prerequisites of the gift, as further explained in a moment. Gifts do not follow any one rule of exchange, but can be freely given to, received by or shared between generous subjects, gained or withheld by the characters. Second, *Gifts*’ focus on the material and the corporeal, which will be at the forefront in my further analysis of the novel and which it has in common with Diprose’s thoughts on generosity, is well evident in the above paragraphs. From the more corporeal gifts – sweat, tears, skin – to chapters whose titles seem to suggest a more affective or instrumental relation to the body, like wholeness or sight, but which take up corporeality as the medium of their affectivity and perception (Connie’s mastectomy scar and Keith’s sarcomas, for instance), the focus on the body is a constant in the novel. The various ways of touch, of skin on skin – holding, washing and bathing, feeling another’s hand on one’s skin, another’s skin through one’s clothes – are just a fraction of the kinds of bodily interactions the narrator experiences with her community. These exchanges will be further studied in chapter 3.

The above exposition further serves to illustrate the wealth of gifts in the novel, which, as Jennifer Blair points out, appears to ‘indicate plenitude’ already on the novel’s contents page (522). To further add to this plenitude I suggest yet another implied and overarching gift metaphor that informs my reading of all the other gifts, that being the HI virus as a gift. The virus is not identified as one of the gifts of the body, it is indeed hardly mentioned in the novel in the first place, but I find the metaphor to be a useful interpretive tool that fits well within the scheme of the novel’s approach to gift metaphors: it is a highly ambiguous and at first odd connection that aims, firstly, to interrogate the ways HIV/AIDS is interpreted, and secondly, to critically examine the networks of ‘giving’ and ‘receiving’ within the epidemic and within smaller communities. ‘Virus is a gift’ is not a straightforward nor easily digestible metaphor. There is a discrepancy of benevolence between its target and source, a discrepancy produced by the preference of the ‘virus is an invader’ metaphor, discussed earlier. Thus, the gift metaphor posits itself in radical opposition with the war metaphor among others and is instrumental in finding other ways to speak of the epidemic.

Many theoretical approaches to the concepts of gift and generosity address the uncomfortable ambiguity discussed above. Nigel Clark's account of generosity in the evolutionary history of domestication of non-human species, places, in its discussion of pathogens, an emphasis on contexts where "gifts" and "generosity" are loaded terms, importing an everyday connotation of beneficence that does not always sit comfortably' (Clark 63) – not, certainly, when placed in the context a life-shortening viral infection. Yet, it is precisely the way in which the virus avoids identification as a gift both in general terms, and explicitly in Brown's novel that constitutes it as a gift. I arrive at this conclusion following similar reasoning of theorists like Clark and Diprose whose line of thought is drawn from Derrida's discussion of the aporia of the gift.

Derrida defines the gift as 'the impossible.' It is such, because it is always tied to the circle of exchange economy, where goods, including gifts are expected to circulate and at the very least retain their value. Thus the recipient or donee of the gift also receives an expectation to return, if not the gift, then the favour, the debt. The gift is never truly given away as its value is expected to circulate back to its giver. Derrida writes: 'From the moment the gift would appear as gift, as such, as what it is, in its phenomenon, its sense and its essence, it would be engaged in a symbolic, sacrificial, or economic structure that would annul the gift in the ritual circle of the debt' (23). From this it follows that the gift is only possible if it is not recognised *as* a gift by either its donor or its donee, if it is forgotten, which is the aporia of the gift (6–27).

This failure to recognise of this forgetting could be said to explain why most of the gifts in Brown's chapter titles and the virus itself resist being viewed as gifts. However, there are a few instances of giving gifts that are more traditionally recognisable as gifts in the novel and with them the processes of forgetting and recognising as described by Derrida gain crucial importance. The very first chapter 'The Gift of Sweat' begins with a description of how a tradition is established of the narrator bringing Rick cinnamon rolls from his favourite place (named 'The Hostess with the Mostess'). This giving having become such a mundane event that takes place every Tuesday and Thursday allows the gift of cinnamon rolls to become less recognisable as a gift and more as just a routine. Their status as a gift is forgotten about. Rick's 'remembering' of this gift and his attempt to repay it by going to The Hostess himself one morning to get the rolls straight from the oven causes his condition to worsen, and he is taken to a hospital at the end of the chapter. In 'The Gift of Hunger', another tradition of giving food as a gift is explored, this time with Connie's family members gifting each other syrup as an inside joke:

everyone in the family would give ... for Christmas or birthdays or their anniversary or even when there wasn't an occasion but just for a present, syrup. Connie said they knew ... that it wasn't the pancakes or even the syrup that mattered, but that their family had this special present they gave one another (57).

When Connie's daughter sends her mother a bottle of syrup, it is intended on the surface as a pleasant gift, but also comes with the ulterior motive of getting her wasting mother to eat. When she is unable to stomach it, the syrup is manifested as the chapter's titular 'Gift of Hunger'. In both of these examples the tradition of giving forms a cycle of debt: Rick is driven by a will to repay the gift of getting cinnamon rolls from The Hostess, and Connie's family has been giving each other the same gift of syrup for years. In both cases, it is tradition that makes the gift less recognisable and helps the characters to forget about it, and in both cases it is the recognition or remembering of the gift – Rick's attempt to return the favour and the syrup's re-signification as hunger – that causes ill and harm to both the givers and the receivers of the gifts.

Conforming to Derrida's discussion of the aporia of the gift, Diprose maintains that a gift is only possible if it is not recognised as such and thus escapes being commodified and creating a sense of debt to the giver (Derrida 6–27; Diprose 6). Therefore, the 'virus is a gift' metaphor should be read in terms of Diprose's notion of generosity, where gifts are not defined in terms of commodity exchange. Apart from the chapter titles, the word 'gift' is mentioned in the text only once, in the seventh gift, 'The Gift of Death', where the titular phrase is uttered by one of the characters, Marty (98). Thus, most of even the named gifts are not recognised as gifts by the characters and the one that is identified as a gift is perhaps the most difficult of the metaphors. Death, more generally and in the context of AIDS, and especially in the chapter's context of assisted suicide or even murder committed by Marty to ease Carlos' suffering, seems completely antithetical to the idea of giving. However, this gift could also be read to be the most direct reference to the virus as a gift in the novel. If the 'gift of death' is read as *contagion* rather than murder, if it is assumed that it is HIV 'received' from Marty that caused Carlos' death, it would not be improbable that Marty's guilt over this convinces him to see it as tantamount to murder by his own hand (cf. Sontag 72).

Furthermore, many of the approaches to the concept of gift discussed here acknowledge the concurrent meaning of both 'present' and 'poison' that the word 'gift' carries over from its Old German etymological root, and the tradition of giving alcohol as a

gift (Mauss 30). The history of the word ‘virus’ shares similar ambiguities with ‘gift’ and even the very same negative meaning of ‘poison’, its more positive or neutral meanings pertaining to notions of life force as ‘life-fluid’, more specifically semen, as detailed both in the Oxford English Dictionary and by Joost van Loon (‘Contagious’ 108). Elsewhere, continuing on the topics of viral gifts and etymology, van Loon maintains that ‘when we consider infection as being a flow of pathogen information between hosts, the parasite becomes itself “a gift” in the negative sense of gift as being poisonous’ (‘Epidemic’ 41). Through this ambiguous meaning the poison of the virus can also be read as a gift.

In *Gifts*, the virus is not explicitly presented as a gift in van Loon’s sense, given from one host to another, but it nevertheless serves as the catalyst for a number of exchanged and shared gifts between a number of hosts, as well as HIV negative individuals like Brown’s narrator. In Clark’s terms: ‘Pathogens, we might say, play on the terrain of the exorbitant: they are the gift that keeps on giving’ (63). This exorbitance or excess of gifts – both benevolent and poisonous – that generosity negotiates is a shared point of interest for theorists like Diprose, Clark, van Loon and Myra J. Hird, with the latter three focusing specifically on the microbial realm. For Diprose, attempting to figure generosity in terms of the exchange economy, where debt and expectancy of return create a closed circuit, fails, because the self is never truly opened to the other and what is given of the self is expected to be returned as if untouched (184). As generosity is openness, there must be an excess of what is given – a must for the opening of the rigid norms that govern justice and the distribution of privilege within social economy (184). Since generosity is not governed by economic logic, Clark finds that the excess that opens the self for others is what is left outside of that logic: the incalculable, the unaccounted for (50–51). This sense of excess as unpredictable is tied to the concept of the pathogenic gift by van Loon, who states that ‘the “gift” of infection is an event whose consequences are ambivalent, contingent and open and hence socially and sociologically significant’ (‘Epidemic’ 41). Along similar lines, building her account of generous exchanges between humans and microbes on Diprose’s ideas, Hird finds that ‘generosity carries with it the potential threat of harm through unanticipated possibilities’ (80) and that ‘corporeal generosity effects bodily transformations that are neither anticipated nor intended’ (81). This excess and its ambivalent and unexpected consequences are defining traits of the gift of illness where it is both the unwanted consequence of another gift (say, a sexual encounter) and an ambivalent gift with its own unexpected consequences. This latter aspect forms into a central theme in *The Gifts of the Body*.

In the exchanges between Brown's narrator and her clients, the excess and ambivalent consequences of the poisonous gift are realised as processes of identity formation and creation of relationships and community, as argued in Chapter 3. Thus, the excess or 'plenitude' (Blair 522) of gifts in Brown's novel can be accounted for as the exorbitance that generosity and openness to the other engender. Rather than agreeing with Blair's conclusions that the narrator is unable 'to be receptive to the "gifts" her clients give her' (522) and that through this plenitude, '*Gifts* is about the impossibility of giving as much as one would wish and the impossibility of receiving everything one is given' (522), I find that the novel explores the wealth of gifts that one is given and that one receives constantly and prereflectively. It also thematises the narrator's very openness and receptivity that contributes to both the production and the embrace of this plenitude. These themes, beginning with the narrator's openness are discussed in the next chapter.

2.4. Conclusions

In the beginning of this chapter, I introduced the metaphors of AIDS catalogued by Sontag as pollution, punishment, plague, and most importantly, war. The parsimonious relation to the world and to the person with AIDS as an other, which the employing of these metaphors engenders is evident in the ways they constitute the person with AIDS as a site of ruin – be its cause environmental, divine, epidemic or military – and as a source of fear. Sontag's essay is 30 years old this year, and while some of the arguments she makes no longer hold sway and some of the scientific details about AIDS she presents are no longer believed to be true, the essay serves as a testament of how people with AIDS were once treated in society, how this treatment was effected by patterns of metaphorical thought, and what traces of it remain in more current discussions about HIV/AIDS.

Now, getting from that first section to this conclusion, and to where my discussion in the previous section has left me, it is with an understanding of the concept and metaphor of gift, which is rather different than the metaphors discussed in the beginning of this chapter. This understanding of gift both escapes the methods of circulation, giving, receiving and returning expected by the logic of exchange economy, to be more freely and generously shared between donors and donees, and can appear as something foreign, unrecognisable and have unexpected consequences. This definition of gift, I find, effectively describes the ones presented in *Gifts*, for which it can be difficult to identify both the donor and the donee and

even the very essence of the gift that is being given. While my following discussion will focus more directly on the manifestations of corporeal generosity in the novel, this definition of gift I have acquired here should be well remembered throughout, as there is no generosity without gifts.

Indeed, where my introduction to Sontag worked well as an introduction to the concept of parsimony before even mentioning it or discussing generosity, my discussion of the gift metaphor perhaps served better to exemplify the workings of generosity than my nevertheless necessary explication of *Corporeal Generosity* before it. What introducing Diprose to my reading of *Gifts*, both in this chapter and more so in the next, gives my discussion is not only a method to identify generous and parsimonious uses of metaphor both in Brown's novel and the society in which it is set. It further provides a way to understand these metaphors that affect the handling of HIV/AIDS as processes of corporeally *relating to* others, not merely discursively *referring to* them, which – if generosity is writing in blood and if metaphors are never mere metaphors and always both literal and literary – are a part of the same thing.

3. Caregiving With One, Caretaking With the Other – Gifts, Giving, and Generosity in *The Gifts of the Body*

Before I begin this chapter, I believe it is useful to very briefly recapitulate the discussion in the previous chapter, which will become the most central aspect of my analysis of *The Gifts of the Body* here: Diprose's corporeal generosity. The analysis in this chapter will be centred around the concepts and aspects of generosity as described previously: openness to alterity, prereflectivity, corporeality, identity formation, community construction, social imaginaries, and the pervasiveness of medical discourse. Following the argument developed around these concepts in the previous chapter, I will begin this one by examining Brown's narrator's generosity and how it is constituted in relation to Diprose's definitions of openness to otherness, and the prereflectivity and corporeality of this openness. Here, the narrative style of *Gifts* will be discussed as exemplifying openness through its sparse tone, prereflectivity via a relative lack of (self-)reflection, and corporeality as a heightened focus on bodies and interactions between bodies.

After this initial section on the narrator, I move on to examine generosity in the exchanges between the narrator and the other characters in the novel in the subsequent section. Here, my interest lies in the two transformative processes of generosity that Diprose discusses in her book: identity formation and the construction of communities. Identity formation, as understood in terms of corporeal generosity, is very much based on the workings of prereflective openness and as such my discussion of it continues to apply these concepts to the novel. With community construction, the power of social imaginaries begins to have more effect of who are seen as part of each other's communities and who are not. It should be stated that even though the focus of both Diprose and myself appears to shift from corporeality and materiality to sociality, the social effects of generosity are still based on a corporeal relation to the world and others and 'the production of identity and difference that results is a material production' (Diprose 9). This materiality is evident in the way the novel constructs the relationships between its narrator and other characters through specifically and intensely bodily interactions. At the end this section I will provide a reading of the ambiguous relationship that the narrator and her clients have to medicine and medical technologies, and the forms of generosity and parsimony that are present in these relationships. I find that the narrator's status as a non-medical care worker allows her to

generously build relationships with AIDS patients that are not (or in the very least that are less) informed by the normalising power of medicine.

The topics of social imaginaries and social justice discussed earlier with reference to Gatens' work should also be kept in mind throughout this discussion as they are at the heart of my analysis of how Brown offers her characters, and the narrative that conveys them, gifts of alterity that can reform the imaginaries and injustices discussed in the previous chapter. Throughout this chapter, I expand upon the concepts provided by Diprose with tools borrowed from analyses of *Gifts* by Jennifer Blair, Ann Cvetkovich, and Susan Brophy. As to what these tools are, I will elaborate on later, but first, an account on how the novel's narrator performs generosity in her narration follows.

Finally, I am unsure if it is immediately obvious that the title I have chosen for this chapter is a play on 'to give with one hand and take away with the other.' As far as corporeally focused idioms go, it is not one of generosity, but rather evokes the parsimonious circulation of gifts and debts in an exchange economy, as discussed earlier in the context of Diprose and Derrida. My reformatting of the idiom introduces to it the semantic concurrency of 'caregiving' and 'caretaking,' which I used to describe generosity earlier, and thus logically has to do away with the word 'away': since caretaking is simultaneous to caregiving, neither the giver or the recipient of the care lose anything, nothing is taken away, and even the line that separates the donor and the donee becomes blurred. Furthermore, the removal of 'away' reveals the model upon which generosity of care operates: care is given and taken *with the other*, neither to nor from the other. Redacting the word 'hand' is not a devaluing of corporeality in care work but rather invites an understanding of care as an experience that affects the entire body, as will become evident in the following pages. All of this, I believe, encapsulates the way care is understood in *Gifts* as corporeal, as mutual, as reformative, and as generous.

3.1. Generous Narration

Taking a look at the generosity of the narrator of *Gifts*, a first instinct might be to define her as generous because of her choice to work with those that are ill. This, however, would circle back to viewing generosity as virtue, where it is figured, in Diprose's words, as 'a habit of giving some of what I already have to others in my own terms, a habit of expressing at the same time as confirming my own socially bound way of being as if it were finished' (192).

The conception of generosity as virtue, first, constitutes generosity as giving as a wilful process from the rich to the poor and not as a prereflective process where both participants are afforded property that can be and is mutually given and received; and second, constitutes identity as fixed or ‘finished’, where generosity is its expression, and not as potentially transforming and being transformed by a generous other, where generosity is the basis for this trans-forming of identity. Rejecting this view is already indicative of what I believe the novel’s narrator *not* to be, but a more detailed exposition of what she *is*, is still warranted.

Since generosity is not a virtue, I am driven to look for it in the narrator beyond her charitable actions in the ways the fundamental traits of generosity – openness, prereflectivity, and corporeality – are present in her character and narration. The first-person narration of *Gifts* is marked by a stoic, tight-lipped style, which is almost completely devoid of self-reflection, recollection, or background information about the narrator. According to Brophy, Brown’s restrained language ‘calls attention to details that might otherwise seem mundane’ (116) and thus allows for the small, personal events and affects to gain larger meaning. Ann Cvetkovich takes the self-effacement in the narrative style of *Gifts* to produce a sense of openness to otherness, and therefore generosity: ‘By making her own history invisible, the narrator performs the receptivity to the pains and stories that is part of her labor (and gift) as a caretaker’ (223). She further notes that this invisibility is rooted in the narrator’s ‘ability to open herself up to the needs of her patients ... it is her job to give of herself to her clients’ (224). Here, the concepts of gifts, giving, and openness that are also at the heart of my reading of the novel are reiterated, and thus connect my discussion of generosity to Cvetkovich’s interest in the narrator’s self-effacement. The lack of introspection and the accompanying narrative style that constitute the narrator also lead her to perform a certain kind of openness to others. The reader is rendered unable to identify, for example, what her self-identity is prior to the encounters with her clients or the kinds of social imaginaries she may or may not benefit from. Thus, she becomes a blank canvas, completely open to the other’s alterity, and her identity is formed via her reactions to this generosity – exactly as Diprose describes generosity to do its work.

Furthermore, reading *Gifts* through *Corporeal Generosity*, this lack of reflection evokes the prereflectiveness of generosity and the way Diprose describes it to occur prior to reflection or formation of self-identity: the narrator performs an impossible lack of self-defining features in order to be defined through her interactions with her others. Here, prereflectiveness is presented as lack of reflection *pre*-encounter with the other, as it is for Diprose. Furthermore, since the narrator does not self-reflect, she does not define her self

within a matrix of any social imaginary that would define her relation to her clients as privileged or underprivileged.

Therefore, the defining feature of Brown's narrator could be said to be a lack of any defining features, beginning with Brown's choice to leave her unnamed. At one point, this absence of a name is addressed when Roy, a character the narrator does not recognise, says he knows her name, which makes her 'skin crawl' (90). This reaction is explainable on the story level as a rather natural reaction to an imposing character like Roy – who has just before listed all of the names of people he knows to have AIDS or to have died of it, completely unprovoked to do so – knowing the narrator's name when she is certain she has never met him before. However, it is also indicative of a reaction to some loss of the well-guarded anonymity that protects the narrator from the reader. Roy does utter the name, but even this is indirectly omitted in the text: 'I heard him saying goodbye to me and Andrew by our names' (91).

This anonymity is evocative of a conversion of the carer-patient confidentiality that comes with the job: 'I didn't talk about anybody with anybody else. You weren't supposed to, but I wouldn't anyway. You tried to be only where you were, you tried not to add them up' (104). But this inability and unwillingness to talk about her clients turns into inability and unwillingness to speak about herself to her narratee, who conversely gets to hear the things about her clients personal lives that she says not to share with anyone. The requirement of confidentiality also renders her unable to identify herself as a home care worker for AIDS patients and instead forces her to construct alternative identities: 'you weren't supposed to tell anyone exactly what you were doing. You'd say, "I'm a friend"' (18). Here, the admission of friendship is presented as a lie, but is in fact indicative both of the way her relationships with her clients will progress throughout the novel and of a small change of social imaginaries where she identifies not as holding any privilege over the people she works with (where the social imaginaries about people with AIDS would be dominant) but an openness to the alterity that is their illness.

A name is both a fundamental identifying feature and a rather common narrative omission. Brown, however, goes to some uncommon lengths to omit even much less identifying features of the narrator's person. She does talk about her life with her clients, but the content of those conversations does not reach the reader: 'She liked me to sit and talk with her while she took her meds. So I sat next to her and told her about what I'd done the last couple of nights and what I was going to do that weekend' (58). There are things she has done and things she is planning to do, but that is the full extent of what the reader gets to

know about these things. When Marty describes his close friendship with Carlos and asks the narrator whether she has experienced friendship like theirs, she immediately says ‘Yes’ (98), but there is no explication or insight to this important friendship (although she might have her friendship with Rick or Connie, for instance, on mind). One of the very first glimpses into her personal life outside of the encounters at work is afforded to the reader on page 112, when she tells Rick she has adopted a cat.

The narrator’s resolve to be ‘only where she is’ is indicative of an attempt towards full attentiveness to the other and their alterity, which is a resolve expressed elsewhere in the novel as well. When Rick is taken to the hospital at the end of ‘The Gift of Sweat’, she tries ‘to think how Rick would think ... to imagine [Rick’s partner] Barry’ (10). Here, she is pushing her own thoughts and feelings aside and instead focusing on how Rick would think and on his relationship with Barry, who has died of AIDS-related complications prior to the events of the novel. In ‘The Gift of Sight’, after an initial failure to keep herself open to Keith, she becomes resolute in being able to receive of him: ‘I was not going to think about other things. I was going to stay with him even in my mind’ (120). In both of these cases, the narrator is actively trying to perform receptivity to the other by focusing on the other instead of her own thoughts and self.

In ‘The Gift of Speech’, her adamant self-effacement does temporarily turn into parsimony, with her unwillingness to tell Rick – who is moving to hospice and later dies – that she will miss him. Here, her lack of self-reflection turns into a closure of self from the other as it is no longer only directed towards the reader, but also toward Rick. The narrator’s tendency towards avoiding speaking about her feelings is addressed in the chapter: ‘I’d stopped going to the monthly meetings [of Urban Community Services workers]—they had monthly meetings so you could discuss things about work and you “feelings,” but Margaret let me get away with skipping them’ (106). Placing the word ‘feelings’ in quotations is already a strong sign of disavowal of expression of emotion, which would constitute a parsimonious relation to her clients and uphold a certain imaginary of carer-patient relationships that allows the carer the unrealistic privilege not to have to feel. The narrator’s feelings for Rick are expressed first by displacing them into the relationship between Mike, an AIDS patient she has not met before, and his carer Roger, who has recently moved away: ‘Then suddenly I said, “He misses you too, Mike.” ... “You’re very important to Roger. He’s really glad he got to know you and spend time with you. He really thinks of you a lot”’ (109). After this lie, a rather ambiguously generous gift for Mike, she visits Rick – who is by now

nearly unable to speak due to his weakening condition – in hospice and gives him ‘The Gift of Speech’ by talking to him and finally telling him she (already) misses him (112–114).

Even though the narrator initially denies Rick’s a verbal response to his question ‘Will you miss me?’, she does respond with a meaningful corporeal reaction: ‘I couldn’t say it. I didn’t want to break apart. I leaned over to pick him up. I put my arms beneath his back and lifted him and held him close. His body was very thin and light, his skin was dry and cool (105). This kind of passage, where a detailed focus on touch and another’s body is one of many in *Gifts*, and speaks to how the narrator evokes Diprose’s other important attribute of generosity: corporeality. Here, my reading of the novel and its deep focus on corporeality echoes Sarah Brophy’s finding that ‘*The Gifts of the Body* emphasizes the physical details of labour, death, and grief in a way that counters the corrosive “moral etiology” of the body that has so consistently attached itself to HIV and AIDS’ (Brophy 116). These etiologies, as catalogued and critiqued by Sontag in *Metaphors*, are not in the least important in the embodied experiences in Brown’s account of the epidemic. When her narrator holds Rick in her arms, the focus on the material presence of the other’s body – even when words fail her – is present in arms touching a back, the pulling sensation of lifting another body, that body’s perhaps surprising thinness and lightness and, most importantly, its skin’s dryness and coolness. This last point is important, because it summons and contrasts a memory of the novel’s very first chapter and the narrator’s first corporeal contact with another body and Rick’s body, where she holds his feverish body and feels his skin hot and wet with sweat.

Brophy finds further importance in this physical detail of sweat for what I am identifying as corporeal generosity: ‘This bodily fluid, sweat, becomes a sign of the passionate connection that Rick and the narrator express for one another through labour, a relation of bodily “flow” that ... casts labour in the context of caregiving as passionate, mutual, ethical’ (116). Indeed, Brown’s focus on the carnality of the encounters between her characters and their bodies is indicative of passionate giving and mutual receiving of the gifts she writes about. Elsewhere, the narrator and Carlos, who have just met for the first time, connect via touch: ‘I took his hand’ (43); ‘He took my left hand in his right. “Your skin feels so clean,” he said. He pulled his other arm out from the sheet and took my other hand’ (43–44). Here, hands touching, a sense of cleanness, some movement and a squeeze constitute a first connection between the two strangers.

It is in the bodily exchanges between the narrator and her clients where the corporeality of generosity is found, starting with the first touch shared between her and Rick in ‘Sweat’, the first chapter. ‘Speech’, the eighth chapter and Rick’s final appearance, is

preceded by the previous chapter ('Death') and Marty's confession of having given Carlos the gift of death. Death is recognised here more directly than anywhere earlier in the novel and causes something to change for the narrator as she starts to lose these connections built on touch; the ones she has touched – Rick and Carlos – are now dying. In the beginning of 'Speech', the narrator contemplates on death and missing her clients: 'After they died you missed them. But also there was a way you missed them before they died because you knew they were going to die' (102). What the narrator will miss and already misses about Rick the most, I find, is in the first connection with the feverish Rick of 'Sweat', and in the startling coolness and dryness of the skin of Rick of 'Speech'. It is in the corporeality she experiences through the exchange of gifts with her clients that make these encounters meaningful for her and constitute her as a generous character. These exchanges will be at the heart of my following study, which I will begin by looking at the very first corporeal connection between the narrator and Rick.

3.2. Porous Bodies and Generous Exchanges

This section focuses on the exchanges (of gifts) between the narrator and her clients. I have divided it into three sub-sections, each focusing on different aspects of corporeal generosity: identity formation, community formation, and finally the forms generosity and parsimony take in medical discourse. I approach each of these aspects through sets of related concepts: identity through the concepts of *intimacy* and *eroticism*, as observed to play a part in the novel by Ann Cvetkovich; community through the concepts of *familiarity* and *familiality* and the thin line that separates the two, my thinking here evoked by Brophy's discussion of decentring and re-centring of family in the novel; medicine and generosity through one concept van Loon invents from the language of epidemiology, *vortex*, and one that Blair makes the focal point of her analysis of *Gifts, rubber gloves*. Now, intimacy and eroticism, and familiarity and familiality already imply each other either via meaning or form or both. However, the connection between vortex as an abstract concept, and the rubber glove as a material object, is admittedly not as easily drawn beyond the relation both have to epidemiology – both being used in different interactions with epidemics. Yet, in my discussion of the two concepts it will become evident, as might be expected, that neither concept is only abstract, only metaphorical, or only material. With each of these concepts being more or less abstract here, I will elaborate on them in due time, beginning in the next

section with intimacy and eroticism and their relation to the novel's approach to generous identity formation.

In my analysis in this section, I chiefly focus on the narrator's exchanges with Rick, Connie, and Carlos, since I find them to be more than rich enough with meaning for me to form the argument I am looking to make: that through these interactions with her client, the novel's titular gifts of the body are exchanged and that this exchanging is indeed corporeal, based on touch. It is touch, on which the novel's approach to identity and community formation and its interrogation of medical normativity is based.

Identity formation: Intimacy and Eroticism

The first chapter in *Gifts*, 'The Gift of Sweat', features the narrator and Rick, whom she says she visits every Tuesday and Thursday, apparently since quite some time back. It is apparent that the narrator works for Rick to some capacity – cleaning and doing chores – but the reason why is not explicit. AIDS is not mentioned in the chapter. The chapter recounts the narrator arriving at Rick's house – not bringing the usual cinnamon rolls, his favourite ones, as per his request – and finding him lying on his futon, obviously ill. After he tells her that he has already called someone to come and take him to the hospital, and that he is feeling cold, the narrator climbs onto the futon to warm him up:

I put my left arm around his middle. I slipped my right hand under his head and touched his forehead. It was wet and hot. I held my hand on his forehead a couple of seconds to cool it. Then I petted his forehead and up through his hair. His hair was wet too. I combed my fingers through his wet hair to his ponytail. I said, "Poor Rick. Poor Ricky."

He was still shaking. I pulled my body close to him so his butt was in my lap and my breasts and stomach were against his back. I pressed against him to warm him. He pulled my hand onto his stomach. I opened my hand so my palm was flat across him, my fingers spread. He held his hand on top of mine, squeezing it like the quilt. I could feel the sweat of his hand on the back of mine, and of his stomach through his shirt, against my palm. I could feel his pulse all through him; it was fast (7).

This passage introduces and solidifies the novel's approach to care as a specifically corporeal process of (care)giving and (care)taking. Corporeality is evoked with the sequence of body parts touching (arm on middle, hands, fingers and palms on head, forehead and hair, butt on lap, breasts and stomach on back), flows of information between bodies (touch, warmth and coolness, wetness, voice, pulse, shaking, pulling, and squeezing) and, importantly, flows of matter between bodies in the form of sweat. This interaction is presented to the reader in short, list-like sentences, description with no introspection. The stylisation works both to highlight the focus on corporeality and as an example of the narrator's invisibility as a character that, as observed above, constitutes her as generous.

Though minimal, Brown's narration is not void of affect, but rather invites unexpected affective responses of intimacy – exemplified in the above passage through acts such as petting, comforting and squeezing – and eroticism – through, for instance, the inclusion of eroticised body parts like breasts, lap and butt. Both senses are also further suggested by the described posture of the two characters, reminiscent of parent and child, or two lovers. Cvetkovich, viewing *Gifts* from her point of interest as a specifically queer testament of witnessing AIDS, finds that the novel 'add[s] to queer representations of sexuality by finding eroticism and affect in physical acts that occupy a far wider range than genital sexuality, and in relationships that are just as intimate as those between families, lovers, or friends' (223). Similar scenes, where the narrator's detailed and pious focus on the corporeal exchanges between her and her clients engenders intimate and/or erotic connotations, play out throughout the novel: when she is bathing Connie, or when she rubs salve on Keith's skin. Another scene of intense corporeal intimacy takes place when the narrator bathes Carlos:

I lifted his hands and put them on my neck. He was stiff and his skin was sticky. I put my arms around his back. I could feel his ribs against my forearms and his spine against my wrists. ... He held my neck tight. My skin pulled. ... I tightened my hands around his middle, lifted him slightly and turned him. I heard him take another deep breath (44–45).

Again, bodies (hands, neck, skin, arms, back, ribs, forearms, spine, wrists, middle), information (stiffness, stickiness, tightness, pulling, sound of breathing) and matter (sweat, again) come together. The sense of intimacy or eroticism is highlighted by Carlos' nakedness. Finding these kinds of affects in an account of caretaking is not unimportant in the context of

HIV, the transmission of which is often inextricably interlinked with erotic intimacy. With little introspective or contextualising commentary on the part of the narrator, the interaction between her and Rick described above – especially the second paragraph of the quote – becomes reminiscent of a scene of sex, with bodies touching, shaking and sweating, hearts racing.

Here, too, I find meaningful connections to Diprose's writing. In her discussion of erotic generosity, her language, although not necessarily meant to do so, evokes important connections to HIV/AIDS discussions: even though her criticism of 'safe sex' does not refer to the use of condoms or other such practices employed to avoid infection, but to a radical feminist concept that discusses the possibility of sex for women that is free of male oppression, still her observation that 'sex is not safe precisely insofar as it opens the self to indeterminate possibilities' (88) is meaningful in the discussion at hand as well; and while her concept of 'risk' appears to have more to do with a phenomenological concern of the self being opened to the other and the resulting 'indeterminate possibilities' and not with the more material risk of infection, it is nevertheless significant for my discussion when she writes that the erotic encounter

is not about self-control or body integrity. On the contrary, it is about the "body at risk," ... a generous body, a body that is opened to the other. And this erotic generosity is creative in transforming the other's embodied situation, and hence existence, ... [without] reduc[ing] the other to the self (86).

To put it in more concrete and specific terms, the indeterminate possibility of sex, within the framework I am dealing with here, is the unwanted, if not entirely unexpected contraction of HIV. The body is at risk because it is opened not only to the human other, but also to the non-human other of the virus, which indeed transforms the embodied situation of the one who contracts it in very literal ways that Diprose does not necessarily anticipate. So if the sexual transmission of HIV is considered as an indeterminately possible risk that rises from the body becoming open to the other, what does this mean for the imitations of intimacy and eroticism of the scenes discussed above?

One answer would be to take the likeness that these intimacies have with sexuality to symbolically reproduce the act where the virus is given to the other and to study what is given of the illness to the narrator. The physical contact is not of a kind that would result in infection in these scenes, and what the narrator receives is not the virus, physically, but some

knowledge, emotion or understanding of the other's embodied situation of living with the virus. Cvetkovich argues along similar lines that the narrator 'takes on the pain of others while also experiencing it directly in ways that are material and sensual' (226). These kinds of processes are suggested by the way the instances of the bodily exchange of gifts often lead to the narrator identifying herself with the clients she's open to. When Rick is being escorted out of his house in 'Sweat', the narrator notes that 'His face was splotched' (8). The sentence is repeated on the next page, as the narrator is watching herself in the mirror in Rick's bathroom, only the pronoun is switched: 'My face was splotched' (9). After this initial repetition, the sense of the narrator's identification with Rick is strengthened: 'My t-shirt had a dark spot. I put my hands to it and sniffed them. They smelled like me, but also him. It was Rick's sweat. I put my hand up to my face and I could smell him in my hands' (9). In a small way, she partakes in his illness by taking on the 'symptom' of sweat and his scent becomes a part of hers. A few moments later, the reader finds her further exploring this identification, attempting 'to think how Rick would think' (10). Importantly, the process here is quite opposite to 'reducing the other to the self' as stated by Diprose in the above quotation, and more akin to 'dispersing the self into the other' as quoted from her in the previous chapter. Diprose writes that 'we turn into our partners, and even our dogs, just by dwelling with them' (70), and it is not (entirely) a metaphor. Diprose's examples are domestic, but in spite of that and partially because of that, the narrator's ambiguous status as a domestic worker allows her to become a part of her clients' community better than, say, the medical professionals who also work with them. This point will be elaborated on in later discussions.

Brown's language suggests turning into another via certain assimilations with the other's identity. Once the narrator has washed Carlos' body, there is a sense of shared corporeality between the two of them: 'When we finished I didn't have to tell him how we needed to move because his body gave to mine. ... Our skin felt clean' (47). The plural pronoun and the singular 'skin', and not 'skins', is of key importance here: it communicates a sense of shared corporeality as a product of a shared touch. A similar moment takes place after the narrator finally opens up to Rick about his feelings in 'The Gift of Speech': 'I leaned up close to him. I could smell our sweat' (113). Here, the pair also gains back something of their initial contact in 'Sweat' that was lost earlier in the coolness and dryness of Rick's skin. Furthermore, while the scent the narrator smelled in front of the mirror earlier is no longer of Rick alone, but of the both of them. One more such process of 'me' and 'he/she' becoming a 'we' as a result of a touch takes place as the narrator bathes Connie: 'I lifted her arm and put it around my neck. She held on to me tight, and we sat her on the edge of the tub' (21). Here,

the sense of shared corporeality is perhaps not as direct as with Carlos or Rick, but is created by a shared subjectivity exemplified by the plural noun in the last sentence of the quoted passage.

What is initially shared here between Connie and the narrator strengthens throughout the novel and is reproduced as Connie is growing weaker before her death. A rare moment of symbolic introspection re-evokes the moment of the narrator bathing her in the second chapter: 'I felt ... like everything was underwater, I was, Connie was, breathing and all, but even when we weren't touching I could still feel something pulling and pressing around my body like a current of water around us' (169). By sharing something corporeal with her clients – absorbing Rick's sweat, cleaning her skin in the same water as Connie's or Carlos' – the narrator gains something of their selves: the scent of the other, a sense of sharing skin, a sense of touch or a pull towards the other even when apart.

Community Formation: Familiarity and Familiality

A change in community brought upon by generosity is most evident in the novel within Connie's family. The family is introduced in some detail early on: there are Connie's children Diane, Ingrid and Joe, her late husband John, and her cat Miss Kitty who now lives with Joe and his partner Tony. There are also four grandchildren and a fifth on the way (19). After Connie tells the narrator about her family during their first meeting, the narrator comments: 'After she told me all that she told me to call her Connie instead of Mrs. Lindstrom' (20). This small act of familiarity (or familiality) allows for Connie to become more generous with her self and body towards the narrator as exemplified by her willingness to let the narrator help her bathe: 'Then after I'd called her Connie for a while, she said would I help her with her bath. That was the last thing she'd kept doing herself. ... She hadn't let me dress or undress her before' (20). Even though it apparently takes some time between getting to be on a first name basis with Connie and for her to allow the narrator to see her body, these events take place in back to back paragraphs, highlighting the connection and continuity between the name and the bath.

While bathing Connie and when she tucks her into her bed right after, the narrator likens their relationship to that between a parent and child: 'I touched the water to the inside of my elbow to test the temperature the way you do when you wash a baby' (21); 'I tucked the covers around her close, the way my mother did when I was young' (22). This speaks to both Cvetkovich's argument about the way Brown expands and queers the notion of intimacy

to the relationships between her narrator and the sick characters she describes, and to Diprose's discussion of corporeal generosity's importance to community formation. Above, I took the metaphorical connection between sexuality and the intimate sensuality the narrator experiences with her clients to produce material and literal meanings and effects, and here my aim is to study the metaphorical thinking of the narrator that bridges familiarity and familiarity together, like the way in which she likens Connie to a child, to do the same.

Diprose's understanding of generosity 'bases community formation on the production and transformation of differences rather than on assumptions of commonness' (13). The incentive for Diprose's call for generous transformation of communities has its roots in Australia's nationalist political movement that, in her terms, bases community formation on assumptions of common ground in ethnicity, where aboriginal, immigrant, white, and so on, communities are produced as distinct and opposite by, and solidified as such in social imaginaries. Diprose's analysis of community formation aims to produce an understanding where it is difference and, borrowing the concept from Levinas, 'nonindifference to difference [that] underlies *every* encounter, every perception, and is the basis of subjectivity and community' (186). Since sameness does not animate perception, neither does it animate an opening on the self to the other nor a sense of community between the self and the other. Community formation that is open to difference also produces communities that are more ethical and democratic, and where the ideals of social justice are better realised. Indeed, views that constitute communities based on commonness reiterate and solidify processes of oppression since 'only if alterity always troubles the social imaginaries from within their expression, through intercorporeal perception, acts, and gestures, could it be said that these imaginaries and the bodies that gain privilege from them are open to transformation and to different ways of being' (186). In other words, only if communities are troubled by some difference can they 'admit other ways of seeing and being' (185).

It makes sense to draw connections between what Diprose writes on commonness and difference in the context of nationalism in Australia and the common ground between gay men or AIDS patients and their differences to 'the general public' whose commonness is in turn based on social imaginaries of sexual practices that are perceived to be non-deviant and a 'normal' health status. Furthermore, it would be easy to see how the effects of this kind of community formation are inarguably negative and parsimonious toward the formerly mentioned groups of people. Indeed, in *Metaphors*, Sontag finds that the very separation of 'the general population' – code for (white) heterosexuals (82) – from the "'risk group[s]" – that neutral-sounding, bureaucratic category ... revives the archaic idea of a tainted

community that illness has judged' (46). However, the small communities and personal encounters that Brown describes appear to interrogate the effects that nonindifference to difference has for the (trans)formation of smaller communities, namely families.

The narrator seeing Connie as her child is not the only instance of such a process in the novel, and interestingly another one also takes place during a bathing scene. When the narrator is telling Carlos how she is going to lift his body in order to wash it, his response 'sounded like a child being brave' (44). A while later, once the pair gets to the actual water and soap part, the narrator further explores this simile: 'I took his palms on top of mine and held them loosely, the way my father did when I was afraid of water and he was teaching me to swim' (46). Here the progression of the metaphorical thought exactly mirrors that of the earlier scene with Connie: first it is Connie and Carlos who are likened to children – she is being washed like a baby, he sounds like a child; then it is the narrator, who is connected to her childhood self through a memory that the exchange with the other evokes – Connie is tucked in like she was by her mother, Carlos' hands are held like hers were by her father. Furthermore, the gender of the recalled parent interestingly mirrors that of the person being bathed in both scenes. One more significant similarity between the two scenes is formed when Carlos, like Connie has earlier, grows comfortable with the narrator seeing him naked: after initially embarrassedly covering himself (45) he asks the narrator to leave his body uncovered at the end of the chapter (48). Here, the nakedness of Connie and Carlos invite affects of intimacy and, through the metaphoric connection to parents and children, familiarity.

In these scenes, the difference of the other who is not a family member is integrated into the commonness-based community of family through the metaphoric thought. Carlos and the narrator meet only once before his death, but with Connie, whom the narrator visits weekly from the second chapter to the last and who is the central secondary character in three of the eleven chapters ('Wholeness', 'Hunger', and 'Mourning'), the sense of familiarity is strengthened throughout the novel. The narrator does not only get to know Connie, but her children and grandchildren as well. In 'Hunger', Connie shows the narrator a picture of one of her daughters' family: 'I recognized them all from the photos she'd shown me before' (54). Later this recognition is deepened into familiarity: 'she told me the family news from the letter. I felt like I knew these people' (55). Through a mutual generosity between the narrator and Connie, an openness to the other's difference regardless the social imaginary of family that is based on commonness, a small change takes place in the two characters' communal understanding of each other and they become, if not family, familial. This

reinforces Cvetkovich's argument that *Gifts* finds important affect 'in relationships that are just as intimate as those between families' (223) and thus queers representations of sexuality and, I might add, community. Although most of this discussion on family has focused on the character of Connie, the discussion holds powerfully evocative connotations for the novel's gay characters as well. The distancing of family from blood-relatives and expanding it into other communities is a process that is typical for gay and queer communities, either via a generous expanding of the family that embraces difference, or through a parsimonious disownment by one's 'biological,' so to speak, family. 'Blood' in 'blood-relative' is revealed to hold metaphorical significance in the context of the AIDS epidemic, where blood becomes heavy with fear and paranoia, as discussed in my introduction to this thesis, and where many of the ones afflicted by AIDS have lost ties to their families-by-blood this way.

Connie and the narrator becoming (like) family is a change that happens on a much smaller scale than what is Diprose's concern when she writes about community formation. However, it is in line with the way in which Brown expresses larger ideals with her mundane narration, as I argued with a reference to Brophy's (116) reading of the novel in an earlier section. I reintroduce Brophy to my analysis of the novel here because her critique of its ending is of key importance to my reading of the novel's re-forming of community, and its apparent ultimate failure to do so. At the very end of 'Mourning', the final chapter in the novel, the narrator and Tony – the partner of Connie's son Joe – leave the room Connie has just died in, in order to let her children mourn in peace: 'We left them with the body and they mourned' (163). Brophy writes:

Her ending risks re-installing the nuclear family at the centre, and the end, of the story, as though this were its narrative destination in the first place. While the narrative voice is still with the caregiver whom we follow out of the room, there is a sense of difficulty, loss, and shame that comes with the pressure to adopt a professional reticence when the family takes bodily and spiritual possession of a person to whom the narrator has also become attached, has come to love; giving the gift of mourning to others seems to require that she school herself to quietude (Brophy 116).

Like the initial basis for the reformation of community in the novel – the bathing of Connie – the handing over of her body to her original family is a very literal and corporeal process: 'I was still holding her other hand. ... I reached over and put Connie's hand I was holding into

Joe's. Joe held both her hands in his' (163). The repetition of 'hand/hands' and the step-by-step description of this process only serve to accentuate the sense of loss and finality that underlines the scene. The re-centring of the nuclear family is further made obvious by the fact that Tony – who, as Joe's partner, is clearly more entitled to be a part of the family than the narrator according, of course, to the certain social imaginaries at hand – leaves the room alongside the narrator.

Thus, death seems to signal not only a loss of the other but also a loss of community for the narrator of *Gifts*. This happens with Carlos even before a community can be established, when Marty gifts him with death, and it happens with Connie even after a longer period of finding community in difference. But although the transformation of community that takes place between Connie and the narrator is not permanent, it nevertheless takes place. It is Connie's openness and generosity that allows for the troubling of her social imaginaries, and after she is gone, these imaginaries seem to re-solidify themselves. Brophy appears to sense a part of this process and calls it 'professional reticence': an imaginary that defines how a caregiver must act in such a situation of loss, one that does not recognise the 'passionate, mutual' (Brophy 116), and generous potential of the labour. These imaginaries that regulate the narrator's actions in relation to her work and especially contrasting with the normalising traditions of medical professions – an institution she repeatedly distances herself from – and Diprose's discussion of it will be examined in the final part of my analysis in the following.

Medical Discourse and Generosity: Vortexes and Rubber Gloves

I introduced my concern about the uses of metaphor in the language of medical science in chapter 2, and discussed the ways the military and other metaphors has influenced medical discourse surrounding AIDS. In this section of the analysis, my interest lies in the possibilities to reform medicine's choice of metaphor, in the metaphorical room to manoeuvre that corporeal generosity offers, and the forms this re-negotiation takes in Brown's novel. The central way in which *Gifts* raises these concerns is the way its narrator is clearly defined as a person who works with AIDS patients but is *not* a medical professional. This important distinction brings her clients a sense of safety and comfort when, for example, the narrator describes Connie's uneasiness towards the medical profession:

Mrs. Lindstrom didn't feel comfortable around the nurse and me together. The nurse was there for medical reasons, there was no getting around that. But sometimes it

could seem like I was just there to help around the house, like a companion or a maid or even a neighbor who drops by when you have the flu (18).

Here my notion of the narrator's work being both caregiving and caretaking can be contrasted with the nurse's work, which is only caregiving in a sense that I will elaborate on in a moment. Or, the narrator's ambiguous relation to medicine and care create an atmosphere where giving and receiving coincide in the exchanges between her and Connie. Conversely, in the exchanges between Connie and the nurse, Connie only receives care without a chance to return the favour, he appears not to become opened to her otherness, and in terms of Diprose's theory, generosity becomes arrested and a sense of debt is established. The notion about the narrator seeming more intimate with and more like a friend to Connie than the nurse does more than to foreshadow the narrator and Connie becoming a part of each other's communities; the narrator and the nurse not being in the same room at the same time serves to highlight the fact that the narrator is not a medical professional, and the sense of familial-familiarity this offers Connie speaks volumes of how she experiences being seen by such professionals. Important is not that Connie sees the narrator as a friend or a maid, but that the narrator sees Connie as a friend or an employer – not as a patient, and object of study, a mere host for the virus, or a battlefield in the fight against it.

I must here attend to the fact that my discussion of the medical profession runs the risk of polarising and generalising the approach that the people working in the field take to AIDS patients. My object of critique here are not the people working with HIV positive people, many of who undoubtedly subscribe to the ideals of generosity in much a similar way Brown's narrator does. Rather, it targets the structures within medical discourse pointed out by Sontag and Diprose that generate and uphold its normalising power over certain bodies – a key example of these structures being the use of the military, and other parsimonious metaphors, as discussed earlier. Medicine, as the practice of studying people and their ailments, by nature does not require its practitioners to become opened to their others, their patients. It rather aims to keep them closed off both with abstract impressions of authority and more tangible practices like hygienics and the use of rubber gloves, which in very literal and material ways keep the bodies of the practitioner and the patient (as well as the microbial bodies they might otherwise exchange) separate.

The narrator's ambiguous relation to medicine and the opportunities for generosity this ambiguity affords her come across elsewhere in the novel too, for instance, when Marty asks if she can give Carlos his medicine and she explains that she's not authorized to do so

(39). What she can do, however, goes beyond the medical professional's responsibility to administer medicine to their patients and onto helping them take the medicine in other ways: 'She [Connie] took the meds out one by one. She needed to take them with lots of fluids and also needed to take them slowly, so this took time. She liked me to sit and talk with her while she took her meds' (58). Talking to Connie while she takes her medication is a creatively generous response to a situation where medical discourse limits her ability to help in other ways. These kinds of passages that remind the reader that the narrator's work is about caring for her clients wellbeing in a way that primarily focuses on the mundane and personal realms describe a certain generosity that working outside medicine's social imaginaries affords her.

As I have discussed throughout this chapter, the body of the AIDS patient is where the narrator in large part does her work, much the way doctors and nurses do. However, in addition to and because of the obvious differences in these forms of labour, there exist important distinctions in how these professions view those bodies. This is exemplified by a metaphorical connection between the aspects of the narrator's labour that have to do with her clients biological bodies and her mundane responsibilities, made most directly when the narrator comments on Connie's unwillingness to accept help from her family: 'she wouldn't let her kids take care of her body, like feeding and bathing, or of her house, like cleaning' (15). The way in which body and house are juxtaposed here echoes the 'body is a fortress' metaphor critiqued by Sontag, but in a way that does not accommodate its war rhetoric. Where it is the medical professional that deals with fortresses, the home care aide works with houses, and where fortresses are attacked and invaded, houses are lived in. In other words, instead of the imagery of death and fear the war metaphors summon and spread, both the house metaphor and the work the narrator does imagine possibilities and actualities of living with the virus, if not indefinitely, then for now.

What, then, is Brown's narrator's role as a carer who does her work before and after medical discourse? In other words, what is left of an encounter between a (health)care worker and their patient once it stops being informed by the normalising tradition of medicine? Diprose maintains that while everything about the clinical encounter – medical discourse, tradition, and even architecture – 'suggests that only one body examines the other, the examination is in fact contiguous and therefore ambiguous: bodies that touch are also being touched. For every eye or hand on skin, there is skin on hand or eye' (116). Here lies the reason behind the observation I made above that Connie's nurse only performs 'caregiving', and not 'caretaking': the medical imaginary has the power to constitute (although it must be noted again that it needs not and often does not do so) the medical professional as a body in

the position of privilege of being able to give (care), and the patient as a body devoid of property to give, recalling my earlier discussion of Diprose and Gatens in chapter 2. Conversely, between the encounters between the narrator and her clients, this suggestion that it is the carer (as a closed off subjectivity) who does the examining (or perceiving) of the patient (as the opened other) is not implied nor enforced as it so often is, according to Diprose, in the clinical encounter. For instance, in the recognition of the narrator's and Carlos' skins becoming 'our skin', as discussed above, there indeed is her skin on his and his on hers – as Diprose would have it – in a manner that is just as material and literal as it is metaphorical.

Diprose, summarising Foucault, writes that medicine 'is deeply implicated not just in the division of bodies into the healthy and unhealthy but simultaneously into the normal and the perverse', and adds that 'we need not go past the discourses on HIV-AIDS to illustrate the way in which medical science and sexual politics can converge over bodies to siphon off the guilty from so-called innocent uses of pleasure and pain' (109). The reference to guilty uses of pleasure and pain here are most likely to sex between men, or to sex work, or to use of intravenous drugs. In the case of Connie, none of these are a good fit to explain how the normalisation of medical discourse affects her, but the point about medicine's normalising power over AIDS patients and/as their bodies is well taken. Diprose further recognises that 'medical discourse is pervasive, effecting not just who we exchange fluids with and how, but the course of other pleasures and pains inseparable from our manners of being' (109). Thus, it influences the judgement and valuing of bodies like Connie's that do not necessarily fit into the most common cultural matrices of HIV narratives. From a more sociological perspective, Sontag argues that these kinds of people with HIV 'who cannot ... be considered responsible for their illness,' like gay men or drug addicts can be albeit of course unjustly, 'potentially represent a greater threat because, unlike the already stigmatized, they are not as easy to identify' (26–27).

How to identify Connie then? Taking a closer look at Connie's specific way of contracting HIV reveals, firstly, how the power of medicine to define innocence and guilt collapses, and secondly, ways in which Diprose's notion of the medical discourse deciding over the exchanges of bodily fluids gains newfound meanings and morbid accuracy. When the narrator bathes Connie, she sees her mastectomy scar for the first time and has a realisation about Connie's history with HIV: 'The scar wasn't shiny, but it was old. They'd cut it off before they tested the blood supplies' (20). The blood transfusion Connie has received during her surgery is confirmed to be the source of her infection later in 'Hunger,'

where Joe comments on how her mother does not bear a grudge: ‘She didn’t even blame the blood banks, and she could have’ (59). The first responsive ELISA (enzyme-linked immunosorbent assay) AIDS test kit was not completed and approved for the screening of blood donations for HIV until early 1985 (Bayer and Feldman 133–134, 220; U.S. Food and Drug Administration). Thus Connie represents the tens of thousands of HIV patients who contracted the virus via a blood transfusion in the late 1970s and early 1980s (Bayer and Feldman 2) and one of the groups alluded to by Sontag above. Earlier, I twice referenced to Diprose’s notion of how medicine defines innocence and guilt, especially in the context of AIDS, and the infected blood supplies turn this process on its head, almost begging to attribute at least some guilt on the institution of medicine itself. The other quote, the one about medicine getting to police the exchanges of fluids, becomes painfully concrete in the context of these transfusions.

Van Loon describes events that resemble HIV spreading through blood transfusions, that is, other (more or less) unforeseeable contagions in his figuration of an epidemic space where epidemics have three dimensions. First, a spatial dimension is formed by ‘vectors’, the term used in epidemiology to describe ‘vehicle[s] of pathogen transmission’ that ‘can be simple transmitters, receptors, or more complex reservoirs and incubators’ like blood or semen in the case of HIV (‘Epidemic’ 43). These vectors can be used to ‘draw up an “abstract space” of a particular contagion as it “moves”’ (43). The second dimension is temporal, and is figured in relation to the ‘index’, or ‘the first identified case of an epidemic’ (45). Van Loon complicates this language drawn from epidemiology with his interest in the unexpected and ambivalent consequences of epidemics and draws up a third dimension, the ‘vortex’ (the word even presenting as a mutated portmanteau of ‘vector’ and ‘index’). The vortex of epidemic space is ‘a “cosmic whirlpool” of strange attractors’, where the movement of contagion and the limits of the epidemic space cease to follow the logic described by vectors and index (46). The infected blood supplies are an example of the vortexicality of epidemics alongside African hospitals and sexual health clinics that van Loon describes to have played an ambiguous role in the spread of Ebola and HIV; these are cases where medicine and its ‘technoscientific practices that were designed to contain’ (46) epidemics end up creating sites of large-scale contagion. A vortex appears when vectors are created where they should not have been.

Earlier, in my introduction to the gift metaphor in chapter 2, I referenced to van Loon as one of the theorists interested in the ambiguous and unexpected consequences of infection. Vortexicality describes these unexpected consequences of events, practices and technologies

designed to treat epidemics and keep infections at bay. Here, I am interested in the concept's application to the more mundane and more-or-less medical technologies that Brown's narrator uses in her work with her clients and the virus. The main technology I have in mind here – although not necessarily immediately recognisable as a technology – is rubber gloves. Gloves are mentioned in the novel numerous times (37, 42–43, 44, 108, 158) to a degree that they appear as something of an obsession to the narrator. For instance, they appear to hold surprising importance in the scene where Marty is showing the narrator around Carlos' apartment: "There's more gloves in the kitchen above the sink," he said, ... "Thanks," I said, "I brought my own too." You go through a lot of gloves' (37). Furthermore, as I will argue in more detail in the following, gloves in the novel become metaphorical for the narrator's status as a carer who only 'wears' medicine as a part of her work; for the way her relationship to medical work is indeed quite elastic and an expected but disposable facet of how she touches her clients.

Already earlier, I mentioned gloves as an example of, or as a metaphor for the way in which the bodies of medical professionals and their patients are seemingly kept separate from each other. However, following Jennifer Blair's argumentation in 'The Glove of Shame', I find that the uses of gloves in the novel in fact reveal the ways in which they are supposed to *prevent* (direct) touch but are actually *used to* touch; how they are, rather vortexically, supposed to prevent contagion but through this touch bring the narrator to the embodied situations of her clients – as discussed in an earlier section – and thus bring about a metaphorical contagion, in a sense. It is true that my application of vortexicity perhaps deals with contagion that is more metaphorical than what van Loon intends and that has less immediate consequences for the spread or containment of the disease as a result. However, as I have argued here, metaphor is always connected with matter and metaphorical thinking has material consequences, these consequences being of the very unexpected and ambiguous variety in which van Loon is interested.

Blair, similarly, is interested in the consequences of the narrator touching and being in touch with her clients, even if this touch is mediated by the rubber glove. As a result of this touch, the narrator of course does not literally contract HIV but is 'changed by her proximity to the virus, of exposing herself to the virus to the extent that she loses herself to it' (529). Blair further elaborates on this idea: 'The glove is fitting as an on-the-job accoutrement in *Gifts*, not because it keeps the narrator away from contagion but because it keeps her "in touch" with it and, as a result, with the source of contamination' (539), this source being the virus. Touch, hands and skin indeed figure as important objects of focus in the novel. I find

agreeable Blair's argument that '[w]hat *Gifts* brings to this focus on touch, ... is a much-needed critical pause over the threat of contagion that is the site of so much phobic fantasy when it comes to AIDS' (527). This argument convincingly targets the very same issue of fear becoming attached to the ill based on 'fantasy' or metaphorical thinking I explored in the beginning of this work with the help of Sontag's essay. Blair finds that this fear and the necessity to act on it – to wear gloves as a suit of armour as the military mind would have it – arises from 'our subscription to two symbiotic axioms: first, that the other is always potentially contaminated and prone to leakage; second, that we can protect ourselves, seal ourselves wholly off, touch, and then abandon that site of contact as if it had never existed' (536). On the one hand, the first of these axioms echoes Diprose's notions on generosity but only if it is not just the other and their body, which is perceived as prone to leakage, but also the (body of the) self in a generous process where these bodies are open to each other. The second axiom, on the other hand, with its notion of closing off the self from and being unchanged by the other, invokes Diprose's discussion of parsimony.

Throughout this chapter, I have argued that the narrator witnesses her others' openness and performs generosity by reciprocating this openness, thus subscribing to Blair's first axiom with my added clause of both the self and the other being perceived as porous and transformative. The narrator's disregard for the second axiom can be further evidenced with two key observations made by Blair about peculiarities in the way the narrator wears her literal and metaphorical gloves – or, rather, the ways in which she touches without wearing them. First, Blair comments that 'the narrator of *Gifts* finds that even when she takes the gloves off, she cannot touch, or be in touch with, her clients to the extent that she would like' (526); and second, in her reading of the passage I discussed in the first part of this section, where the narrator feels Connie as a 'current of water' 'pulling and pressing around [her] body' (R. Brown 169), Blair observes that 'even in the absence of contact (gloved or ungloved) she experiences the sensation of touching Connie' (538). Thus the narrator acknowledges that her gloves do not mediate the touch between her and her clients and that they are worn neither in order to touch nor to prevent touch.

The metaphorical and vortexical contagion that medical technology makes possible for the narrator and the paradox of touching and not touching are evoked also in 'Skin.' Marty briefs the narrator about the specifics of Carlos' medial situation:

“Carlos has been incontinent lately, so we just got this condom catheter. The nurse put it on last night. She said I should change it this morning. I didn’t do it yet. I’ve never done one.” He looked away from me. “You’ve done them before, haven’t you?”

“Oh, yeah,” I said. “No problem.”

It was usually simple. Usually you just had to empty the bag. And even when you had to change the condom part, you just had to be careful, but it wasn’t complicated or dangerous or anything’ (38).

This is possibly the most medical procedure that the reader sees the narrator perform and not only because the handling of bodily fluids, an effect of the pervasiveness of medical discourse according to Diprose, is very literally placed in the narrator’s hands. With the condom catheter, compared to rubber gloves, a similar but a perhaps more immediate distancing and enclosing of touch takes place. On the one hand, the touch is what is more immediate, since the suggestion of hand-on-genitalia contact may stir differently intense affects from hand-on-hand or more general skin-on-skin contact, even when the narrator ends up simply emptying the urine bag as she predicts. On the topic of vortexical contagion, infection seems to be a more immediate (although still not at all probable) risk when dealing with genitalia and bodily fluids than when simply touching another’s skin, as indicated by the narrator’s reassurance that the procedure is not ‘dangerous or anything’ (38). Indeed, this comment appears rather superfluous and as a way to calm the internalised ‘phobic fantasies’ of contagion, either those of the narrator herself or the implied reader – and yet, the metaphorical contagion is a tangible enough potentiality to be commented upon. The lack of touch, on the other hand, is also more immediate, because this particular kind of touch is dislocated from the context of intimacy or eroticism where the abovementioned intense affects would sit more comfortably, and because of the more literal distancing of skin from skin with both the rubber glove and the condom catheter in the way: the narrator wears gloves when emptying the urine bag, and even washes her hands both before putting the gloves on and after taking them off (42–43).

These lengths to describe the hygienics of the procedure, however, seem to further imply some perceived threat of ‘danger’ on the part of the narrator. The way the word ‘condom’ signals protection both in the context of AIDS and more generally is significant in understanding this danger. This significance is accentuated by Marty’s shamefaced reaction when he says he has ‘never done one.’ It is not necessarily a confession of anything more than what he is saying on the surface, but his averting his eyes away from the narrator, given

the revelation that comes later that he is also HIV positive, could be seen as foreshadowing the fact that he has or will have failed to ‘do one,’ to use a condom. The proximity of the condom catheter to gloves as technology in *Gifts* invites a further metaphorical connection between gloves and condoms as crucial medical technologies in the time of AIDS. This connection is reminiscent of Jonas Gardell’s *Torka aldrig tårar utan handskar* trilogy (2012–2013), translated as *Don’t Ever Wipe Tears Without Gloves* for the 2012 television adaptation. The titular phrase is uttered by a nurse admonishing another for an un-gloved touch with an AIDS patient, but also metaphorically reflects on the necessity of condoms as actual protection against contagion. *Gifts* remembers this necessity with subtlety and without judgement and manages to draw attention to the ways in which more-or-less medical technologies pervade the everyday and the personal. It further speaks of how leaving the implementation of these technologies to the discretion of individuals who are not directly connected to the medical profession does not in fact always allow them the luxury of choice. Technologies of infection prevention, in the form of gloves or condoms, suggest responsibility, which in turn invites fault, guilt and blame on those who fail to protect themselves (cf. Sontag 26). Van Loon’s concept of vortexicality and my application of it perhaps collapse in the context of technologies of prevention, to a degree, since their failure does not usually result in anything unexpected; rather, they already expect the expected, the thing they aim to prevent. It is through the vortexical metaphoricity of the condom catheter connected to gloves and condoms that Marty finds himself in the unexpected-yet-fully-expected consequence of these technologies of prevention. Similarly, the narrator cannot become in contact with the virus without wearing her gloves because she cannot touch it without wearing them. This touch is to be understood metaphorically, and in the case of this more metaphorical contagion, it is only the glove, which suggests it, which expects it.

3.3. Conclusions

I began this chapter with a list of concepts and essentially ended it with another. To recall the first list, it consisted of some of the central concepts used in *Corporeal Generosity*, from openness, to identity and community, to medicine and social imaginaries. The second list of the concepts I used in the previous section – intimacy and eroticism, familiarity and familiarity, vortex and gloves – was introduced to expand upon and interrogate Diprose’s

thoughts and help me apply them to my reading of *Gifts*. Coupling concepts from these catalogues create approaches that effectively describe the novel's resonance with generosity.

Here, I explored how generous identity formation takes place in the novel via affects of intimacy and eroticism that appear to bring the characters closer to one another, effecting the exchanges of gifts and differences between them that constitute identity as according to Diprose. I discussed community formation as a process of not solidifying the socially imagined difference between family and friend and collapsing familial relationships with one's extended kin into mere familiarity. To again borrow the not-only-a-metaphor used by Diprose, if more traditional families are said to be related *by* blood, the familial communities formed by Brown's narrator and her clients are written in blood, through the operation of corporeal generosity. Finally, I examined the narrator's relationship to medicine and her use of medical technologies as vortexical, that is, effecting unexpected contagion (again, in the metaphorical sense of being changed by HIV), and as both exemplified and metaphorically represented by rubber gloves as something that mediates contact and contagion. Opening the parsimonious tendencies of medical discourse to only effect change in another's body is not an uncomplicated task, but the novel manages to find generous forms of being affected by the difference in the other, including the material difference that is the presence of the virus, through this metaphorical contagion.

I began these discussions with an account on how the narrator performs generosity through her minimal narration that is focused on the others she encounters and the bodily interactions with them. Towards the end of the discussion in the above pages, I introduced the figure of Gardell's empathetic nurse, who is in the wrong according to the phobic fantasy of contagion and medical discourse (of the time) for so much as wiping a patient's tears. The contrast between these two characters goes beyond one being a nurse and the other precisely not a nurse. I reaches the connections Brown's narrator makes with her clients, which are both physical and personal as well as personal because they are physical, and which go far beyond the simple if commendable act of wiping tears without gloves on – to absorbing Rick's sweat and then missing him in the dryness of his skin, to bathing Connie and feeling her touch as water afterwards, to becoming one with Carlos by shared skin after removing the partition of medicine. Be this by virtue of her ambiguous relation to the institution of medicine or her natural aptitude for corporeal generosity or both, the narrator's touch is a touch that is capable of both dispensing and receiving gifts and a touch that does not mean war.

4. Gift Wrapping – Conclusions and Questions for Further Research

Having finished writing this thesis, with the exception of these final words, I wonder how much or it was written in blood.

My application of generosity into my reading of *Gifts* has been something of a revisionist aim to relocate the rhetoric of AIDS into a territory where those afflicted by it are not defined through fear and stigmatisation. To see if I have succeeded in this goal, a brief look back at the arguments presented throughout is in order. Here, I will focus on what was presented as a part of my theoretical framework in chapter 2 and how it was applied to my analysis in chapter 3.

From my discussion of Sontag's *Metaphors*, in which I thematised her findings in relation to the themes of identity, community, medicine, and matter, followed my understanding of how the Brown's metaphorical use of corporeal gifts constitutes identities, communities, and a relation to medicine that are transformative and not governed by parsimonious social imaginaries. On the basis of my discussion of Diprose's *Corporeal Generosity*, which defined generosity as a corporeal and prereflective openness to otherness, I found that Brown's narrator realises these definitions and thus effectively performs generosity. Furthermore, through additional discussion on Diprose's concepts, I observed that the construction of identities, of communities, and of new ways to relate to medicine that takes place in *Gifts* is transformative precisely because it is generous and precisely because it is based on corporeal touch. And finally, continuing the discussion in my definition of the gift as a central metaphor in Brown's novel, I came to understand the gifts in the novel to form vortexes of indeterminate outcomes and possibilities for, again, identity, community, and medical discourse and technologies. Given all this, I can only hope I have made convincing the argument that *The Gifts of the Body* is a novel which de-centres the image of the AIDS patients as an object of fear and disgust and re-centres the AIDS patient as a body and a subject that has plenty of gifts to give.

The discussions I have presented here are broad up to the degree that some of them I have not been able to accommodate to a degree of inquiry they deserve. Such would be the reconceptualization of metaphor as both discourse and matter, which, although has influenced my thinking throughout this thesis and takes the form of my focus on corporeality, would still benefit from a further study. Such a study could continue the work done by theorists like Diprose, Morrison, Neimanis, and Rosengarten and expand it to the context of HIV/AIDS

literature. Another example of a discussion that I have had to leave to a regrettably low degree of detail in the interest of keeping my focus as sharp as possible is a discourse on metaphor (and matter) in medical discourse and scientific literature as compared to similar uses of metaphor in illness narratives.

The method of finding other metaphors to describe affects other than fear in AIDS literature could be applied to other works as well. For instance, during the first phases of project, I was interested in the way fantasy and realism figure not only as genres that interrogate and inform each other in Geoff Ryman's *Was* (1989), but also as metaphors for its protagonist's complicated relationship with AIDS that includes fantasy-like hallucinations. In Sarah Schulman's *Rat Bohemia* (1995), the protagonist works as an exterminator in New York, her dealings with rats reflecting the attitudes and anxieties surrounding HIV in the city and thus weaving interesting networks of metaphor between rats and the HI virus. A more detailed study of the significance of gloves could undoubtedly be carried out with Gardell's novel trilogy than what I presented in the previous chapter, as well. These possibilities of finding new metaphors for AIDS reflect the argument I have sought to make in this thesis that the stigmatising and often prevalent metaphors that govern the perception of AIDS and of people living with it need not be the metaphors we use; that there are possibilities for telling, to borrow another term from Donna Haraway, other stories of AIDS (*Staying with* 12).

The bodies who have touched me to write this thesis and whose traces can be found in my text are numerous and are the bodies I alluded to already in my introduction: the individual body of the HIV positive person or the person with AIDS; the communal bodies of 'risk groups' within the body politic; the body that houses the virus as it is and might be defined by science; and the body as matter, as flesh, fluids, forces, affects, and virus. In the context of AIDS, the word 'body' further invites connotations of death, of dead bodies, and I would like to think that my text also holds a trace of those who have perished in the epidemic. It is to this extent, to the extent that my work in this thesis has stayed true to the operations of generosity and has remembered the generosity of those too often seen as devoid of gifts to give, that it is written in blood, and with love of that.

Works Cited

- BAYER, RONALD, AND ERIC A. FELDMAN. *Blood Feuds: AIDS, Blood, and the Politics of Medical Disaster*. Oxford University Press, 1999.
- BLAIR, JENNIFER. 'The Glove of Shame and the Touch of Rebecca Brown's *Gifts of the Body*.' *GLQ: A Journal of Lesbian and Gay Studies*, vol. 11, no. 4, 2005, pp. 521–545, muse.jhu.edu/article/187173.
- BROPHY, SARAH. *Witnessing AIDS: Writing, Testimony and the Work of Mourning*. University of Toronto Press, 2004.
- BROWN, REBECCA. *The Gifts of the Body*. 1994. First HarperPerennial edition, HarperPerennial, 1995.
- BROWN, THEODORE L. *Making Truth: Metaphor in Science*. University of Illinois Press, 2003.
- CLARK, NIGEL. 'Animal Interface: The Generosity of Domestication.' *Where the Wild Things Are Now: Domestication Reconsidered*. Edited by Rebecca Cassidy and Molly H. Mullin, Berg, 2007, pp. 49–70.
- CVETKOVICH, ANN. *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures*. Duke University Press, 2003.
- DIPROSE, ROSALYN. *Corporeal Generosity: On Giving with Nietzsche, Merleau-Ponty, and Levinas*. New York State University Press, 2002.
- DERRIDA, JACQUES. *Given Time: I. Counterfeit Money*. Translated by Peggy Kamuf, University of Chicago Press, 1992.
- GARDELL, JONAS. *Torka aldrig tårar utan handskar: 1. Kärleken*. Norstedts, 2012.
- GATENS, MOIRA. *Imaginary Bodies: Ethics, Power, and Corporeality*. Routledge, 1996.
- HARAWAY, DONNA. 'Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective.' *Feminist Studies*, vol. 14, no. 3, 1988, pp. 575–599.
- . *Staying With the Trouble: Making Kin in the Cthulucene*. Duke University Press, 2016.
- HIRD, MYRA J. *The Origins of Sociable Life: Evolution After Science Studies*. Palgrave Macmillan, 2009.
- MAUSS, MARCEL. 'Gift, Gift.' 1924. Translated by Koen Decoster. *The Logic of the Gift: Towards an Ethic of Generosity*. Edited by Alan D. Schrift, Routledge, 1997, pp. 28–32.

- MORRISON, SUSAN SIGNE. *The Literature of Waste: Material Ecopoetics and Ethical Matter*. Palgrave Macmillan, 2015.
- NEIMANIS, ASTRIDA. *Bodies of Water: Posthuman Feminist Phenomenology*. Bloomsbury Academic, 2016.
- ROSENGARTEN, MARSHA. *HIV Interventions: Biomedicine and the Traffic Between Information and Flesh*. University of Washington Press, 2009.
- RYMAN, GEOFF. *Was*. 1989. First Small Beer Press edition, Small Beer Press, 2015.
- SCHULMAN, SARAH. *Rat Bohemia*. 1995. First Arsenal Pulp Press edition, Arsenal Pulp Press, 2008.
- SONTAG, SUSAN. *AIDS and Its Metaphors*. Farrar, Straus and Giroux, 1989.
- U.S. FOOD AND DRUG ADMINISTRATION. *HIV/AIDS Historical Time Line 1981–1990*. January 5th 2018, url: www.fda.gov/patients/hiv-timeline-and-history-approvals/hivaids-historical-time-line-1981-1990.
- VAN LOON, JOOST. 'A Contagious Living Fluid: Objectification and Assemblage in the History of Virology.' *Theory, Culture & Sociology*, vol. 19, no. 5–6, 2002, pp. 107–124, doi: 10.1177/026327602761899174
- . 'Epidemic Space.' *Critical Public Health*, vol. 15, no. 1, 2005, pp. 39–52, doi: 10.1080/09581590500048374
- 'virus, n.' *OED Online*, Oxford University Press, June 2019, oed.com/view/Entry/223861
- VAN REGENMORTEL, M.H.V. 'The Metaphor that Viruses Are Living Is Alive and Well, But It Is No More Than a Metaphor.' *Studies in History and Philosophy of Biological and Biomedical Sciences*, vol. 59, no. 1, 2016, pp. 117–124, doi: 10.1016/j.shpsc.2016.02.017.